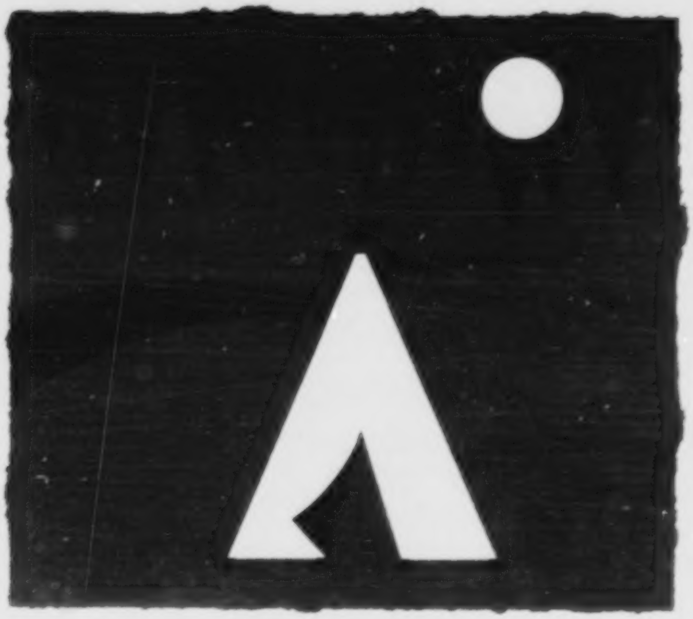

A Study of the Unmet Needs of Off-Reserve Indian and Metis Elderly in Saskatchewan

Senior Citizens' Provincial Council
June 1988

A STUDY OF THE UNMET NEEDS OF OFF-RESERVE INDIAN AND METIS ELDERLY IN SASKATCHEWAN

Researched

by

The Saskatchewan Senior Citizens' Provincial Council

in consultation with

Off-Reserve Indian and Metis Elderly

June, 1988

Senior Citizens' Provincial Council
2151 Scarth Street
Regina, Saskatchewan S4P 3Z3

90-04336/

DEDICATION

We would like to dedicate this project to the memory of two special gentlemen:

LEN HEMING	**1914-1987**
ROBERT WALKER	**1952-1987**

PREFACE

Having grown up in northern Saskatchewan, I have long been aware of the many challenges and hardships facing our elderly native people. At the same time I have also admired the strength and devotion shown within the families of the native elderly, many who are themselves struggling with the realities of a harsh economic, social, and physical environment.

Like many others, I have felt powerless to effect change in the lives of the Indian and Metis elderly. Indian people have been 'studied to death' and often never see the results of, or have an impact on, the outcome of the studies. I knew that if the Senior Citizens' Provincial Council were to undertake a study on the unmet needs of the native elderly, that the input and direction of aboriginal people would be crucial.

In 1983 Mr. Ernest Crowe, of the Piapot Reserve, accepted an appointment to the Senior Citizens' Provincial Council. With Mr. Crowe's appointment and his personal devotion to his people, came a strong commitment by the Council to actively pursue the study which has been needed for so long. Ernest, a gentleman respected throughout all of Saskatchewan, must be credited fully for opening the doors which set this study in motion. At times it seems his selfless determination and integrity were all that kept us going. To you Ernie, our heartfelt thanks.

Many others worked to see this project through to its completion. First, I would like to thank all of the members of the Senior Citizens' Provincial Council for both their individual and co-operative efforts. I had the pleasure of working alongside fellow Council members Ernest Crowe (Piapot Reserve), Sam Haggerty (Regina), and Tom Rogers (Moose Jaw) on the project's Working Committee. Mrs. June Clark (Saskatoon) and Mrs. Marjorie Wettergreen (Prince Albert) graciously agreed to act as Field Supervisors during the survey phase in their respective communities. Mr. Ferrel Prickett (Saskatoon) spent many hours gaining support for the project in the crucial proposal stage. The above-mentioned Council members, and those listed below, recognized the importance of the project and their continued support, enthusiasm, and constructive comments have, I believe, resulted in a most worthwhile effort.

Mr. Tom Beatty (Timber Bay)

Mrs. Alma Chessall (Weyburn)

Mrs. Mary Findlay (Swift Current)

Mrs. Moira Gautron (Battleford)

Mr. Tom Hardy (Melville)

Mr. Len Heming (Regina)

Mr. John Herne (Hudson Bay)

Mrs. Frances Petit (Saskatoon)

Mrs. Madge Phillips (Unity)

Mr. Reinhold Senft (Neudorf)

Mrs. Marjorie Wiseman (Rosetown)

On behalf of the Council I wish to express special appreciation and commendation to Mrs. Elizabeth Osbaldeston Troyer and Mrs. Peggy Mathieson. We feel it is highly remarkable for a Council which had a permanent staff of two to have undertaken a study of this magnitude. As our Head of Research, Mrs. Troyer has designed, conducted, and written this study. Through this two and a half year process she has drawn upon the invaluable advice, assistance, and organizational skills of our Administrative Officer, Mrs. Mathieson.

Special acknowledgement must also be extended to Mr. Timothy Gross for the fine work he accomplished in his capacity as research assistant during the survey and computerization phases of the project. Others whose efforts must not go unrecognized include Mr. Ted Delanghe, Ms. Marian Dinwoodie, Mr. Eric Johansen, Mr. Ron LaFontaine, Mr. Harvey Lammer, Ms. Lorri Lampard, Ms. Jane Lyster, Mr. Dennis Morin, Mr. Don Seesequasis, Mr. Ron Torrens, and the 13 interviewers.

Major funding for the project was made available through the Saskatchewan Housing Corporation and the Saskatchewan Department of Human Resources, Labour and Employment. Supplementary assistance was generously provided through the Gabriel Dumont Institute of Native Studies and Applied Research and the Federal Challenge '86 Program.

I would like to extend my gratitude to Mr. Gordon Dirks, former Saskatchewan Minister of Social Services. Mr. Dirks believed in the need for the project and was instrumental in obtaining government funds to support the study. Over the last two and a half years the Government of Saskatchewan has continued their support for the project. While cautioning that the material and opinions contained within this document represent the independent views of the Senior Citizens' Provincial Council, and are in no way intended to reflect the views of the Saskatchewan Government, the provincial government's commitment to the completion of the project has not gone unnoticed. We would also like to thank the Honourable Grant Schmidt, Minister of Human Resources, Labour and Employment. Mr. Schmidt has not only encouraged the independent stance of the Council but supports the release of this study to the organizations and individuals representing the aboriginal people of Saskatchewan before his own personal review of the document.

Most importantly I would like to thank the 476 Indian and Metis elderly who so willingly participated in the project. Many of their lives have been fraught with difficulties, yet they continue to show great strength and to live each day in love and understanding.

The content of this report is disturbing, but with its presentation comes hope. No one governing body or organization should be held responsible for a situation which has evolved over many years. Rather than finding fault, let us work together and use the data and information contained in this document to develop recommendations and strategies which will better serve the needs of the Indian and Metis elderly. Ultimately, this project can only be judged as successful if it acts as a catalyst for positive change.

Ted Azevedo

Ted Azevedo
Chairman
Saskatchewan Senior Citizens' Provincial Council

A STUDY OF THE UNMET NEEDS OF OFF-RESERVE INDIAN AND METIS ELDERLY IN SASKATCHEWAN

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EXECUTIVE SUMMARY

A STUDY OF THE UNMET NEEDS OF OFF-RESERVE INDIAN AND METIS ELDERLY IN SASKATCHEWAN

> **"When I was a child there was no such thing as 'can't do.' I've based my life [on] this."**
>
> (Status Indian Gentleman, Age 50-54)

Of the provinces, Saskatchewan is second only to Manitoba in the proportion of its population which is of native ancestry. Over the last several years, increasing recognition has been given to the complex series of problems facing Canada's native people, yet little research has been conducted to define the unique needs of the native elderly.

In the Fall of 1985 the Saskatchewan Senior Citizens' Provincial Council met with the Honourable Gordon Dirks, then Minister of Social Services, to present their concerns on the situation of the province's native elderly. Included in this presentation was a proposal to undertake a comprehensive research study on the unmet needs of Indian and Metis elderly in Saskatchewan. Mr. Dirks directed the Council to take their proposal into the public realm and it quickly gained the support of organizations and educational institutes representing the Indian and Metis people, as well as concerned federal, provincial, and municipal government departments. By the end of 1985 the province granted the Senior Citizens' Provincial Council full funding for the study.

Because so little was known about the situation of the Indian and Metis elderly in Saskatchewan, the Council determined that any initial empirical research should be exploratory and broad in scope.* Accordingly, four formal research objectives were set:

(i) To identify the unmet needs and concerns of Indian and Metis elderly in off-reserve settings in Saskatchewan.

(ii) To understand how these needs differ from those of other seniors.

(iii) To promote an understanding of how the unique needs of the Indian and Metis elderly can best be supported by culturally-appropriate policies, program design, and service delivery.

(iv) To produce a resource document which will include information which will be of use to Indian and Metis organizations, program administrators, and policy and decision makers.

---

* The questionnaire was designed to encompass a wide range of topics including housing, income, health, recreation, education, demographics, transportation, and social concerns.

The study has progressed in a series of stages over two and one half years. They are as follows:

TIMEFRAME		TASK
Phase 1	November 1985-April 1986	PROPOSAL AND STUDY DESIGN
Phase 2	May 1986	PRE-TESTING OF QUESTIONNAIRE
Phase 3	June-August 1986	SOUTHERN INTERVIEWING PHASE
Phase 4	September 1986 - January 1987	SOUTHERN DATA TABULATION AND CODING PHASE
Phase 5	February-April 1987	NORTHERN INTERVIEWING PHASE
		NORTHERN DATA TABULATION AND CODING PHASE
		INITIATION OF COMPUTER WORK
Phase 6	August-December 1987	ANALYSIS OF STATISTICS AND REVIEW OF RELEVANT LITERATURE
Phase 7	January-March 1988	DRAFTING OF THE MAIN BODY OF THE REPORT
Phase 8	April-May 1988	APPROVAL OF THE DRAFT REPORT BY THE SENIOR CITIZENS' PROVINCIAL COUNCIL
		SIMULTANEOUS RELEASE OF THE REPORT, WITHOUT RECOMMENDATIONS, TO THE HONOURABLE GRANT SCHMIDT, MINISTER OF SASKATCHEWAN DEPARTMENT OF HUMAN RESOURCES, LABOUR AND EMPLOYMENT, AND TO CONCERNED INDIAN AND METIS INDIVIDUALS AND ORGANIZATIONS
Phase 9	June 1988	THE SENIOR CITIZENS' PROVINCIAL COUNCIL WILL WORK WITH THE INDIAN AND METIS PEOPLE OF SASKATCHEWAN TO DEVELOP RECOMMENDATIONS FOR ACTION
Phase 10	1988	PUBLICATION OF SUPPLEMENTARY REPORT OF CONCLUSIONS AND RECOMMENDATIONS FOR ACTION

For the purpose of the study, 'Indian and Metis elderly' were defined as Status Indians, Non-Status Indians, and Metis who are age 50 and older. Jurisdictional considerations limited the project to 'off-reserve' locations. In southern Saskatchewan it was determined that the study should primarily focus on the needs of the urban native elderly and the centres of Regina, Saskatoon, Prince Albert, North Battleford, and Fort Qu'Appelle were chosen as the survey sites. In total, 412 interviews were obtained in these centres. A sample of 64 interviews was also obtained from 11 communities throughout northern Saskatchewan.

Interviews were conducted in the homes of the respondents and averaged one to two hours. A total of six different languages were used for the interviews. While very few of those native elderly, who were approached, refused to participate in the survey, locating respondents proved a difficult task. In the urban centres phones were not available in one-third of the respondents' homes and much of the work in locating this sample was done by aboriginal university students travelling by foot, bicycle, or bus. In the north several respondents were accessible only by plane or boat. The following are a series of study highlights:

Sample Characteristic

- South Sample (412 respondents)
    - 39% male; 61% female
    - 59% age 50 to 64; 28% age 65 to 74; and 13% age 75 and over
    - 53% Status Indians; 12% Non-Status Indians; and 34% Metis
    - over 60% are widowed, separated or divorced
- North Sample (64 respondents)
    - 33% male; 67% female
    - 22% age 50 to 64; 55% age 65 to 74; and 23% age 75 and over
    - 24% Status Indians; 35% Non-Status Indians; and 41% Metis
    - 55% are widowed, separated, or divorced

Educational Resources

- While very few of the native elderly, sampled in the five southern centres, are without any formal schooling, 72 per cent did not have the opportunity to advance beyond the elementary school level.
- In northern Saskatchewan, 58 per cent of those sampled had no formal schooling.

Language Skills

- Despite low levels of education, 78 per cent of the native elderly in the south speak English well and more than half are fluent in English as well as one or more aboriginal languages.
- It must be emphasized that approximately 22 per cent of the urban respondents have difficulty with English. If reading and writing literacy skills are included, then the proportion who are having difficulty with English in the south becomes as high as 35 to 38 per cent.
- In the north the majority of those sampled are unilingual in Cree or Chipweyan and less than one in five speak English well.

Employment Histories

- Only a small percentage (12 to 17%) of the sampled native elderly reported employment income for either themselves or their spouse, a sobering statistic in a sample where 60 per cent are between the ages of 50 and 64.
- Few of the Indian and Metis elderly have worked in professional occupations. Elderly native women who have at some time worked in the paid labour force have most often been employed in the servicing sector.
- Elderly native males in southern Saskatchewan have most often worked at trades, farming, and primary sector activities. In contrast, 76 per cent of the elderly native men sampled in the north have, at some point, worked in the traditional pursuits of hunting, trapping, or fishing.

Economic Characteristics

- The most commonly reported sources of income in the south sample are payments from Social Assistance, followed closely by Old Age Security (OAS). In the north, where a larger percentage of the sample are age 65 and over, OAS is the most commonly reported source of income. Less than one per cent of the sample reported income from savings or investment sources.
- Federal and provincial pension benefits for seniors means that those Indian and Metis who are 65 years or older generally reported higher incomes than those between the ages of 50 and 64. The latter group, many of whom still have dependent children, present particular risk for poverty.
- After their portion of rent, food, and utilities are paid, approximately 30 per cent of the elderly native households have less than $100 disposable income each month.

Housing Tenure Status

- Fewer than 16 per cent of elderly native households sampled in southern Saskatchewan own their place of residence. Of the rental households, less than half (42.5%) were living in a government subsidized unit. Almost 30 per cent of those renting on the private market were unaware of subsidized housing and one-third had been refused a subsidized unit.
- In the north a larger percentage of elderly native households own their place of residence, and one out of every two households sampled had either no monthly rental/mortgage charges or made payments of less than $100 a month. The economic benefits of home ownership in the north, however, are offset by exhorbitant utility and food costs. In particular, elderly natives in the north are experiencing problems with delivery of wood for their wood stoves.
- In both the north and the south, the health of the Indian and Metis elderly and the condition of the housing is such that there is significant need for both indoor and outdoor maintenance services.

Living Arrangements

- In the southern urban centres the native elderly are as likely to be living in single person households (24%) as are other Saskatchewan seniors. Eighty-six per cent of the native elderly who were living alone and who gave income information fell below the poverty line set by the Canadian Senate Committee.
- Almost 40 per cent of elderly households sampled in the south and 60 per cent of those sampled in the north live in extended family situations. Most commonly these households include their married children and/or grandchildren. As a result, 42 per cent of households of the Indian and Metis elderly in the south and 64 per cent in the north contain a child 16 years of age or younger. These extended family situations were seen to influence preferred housing types and, if a range of subsidized housing is available, both samples ranked single, detached homes as their number one choice.

Moving Histories and Housing Satisfaction

- Although fewer than one-fifth of the sampled elderly native households in the south can be classified as recent migrants to their communities, 35 per cent of the households had been in their homes for less than one year. Seventy-two per cent had changed residences at least once in the last five years. These high mobility rates have serious implications for service delivery.
- Of those southern households who had changed residences in the year preceding the survey the most significant reasons for moving were: housing that was physically uncomfortable or ill-suited to their needs; neighbourhood or social problems; desire to follow children; and the desire to increase proximity to services.
- Approximately 37 per cent of the southern respondents currently desire to move. Again, the physical housing unit (either its discomfort or the want of a nicer home) were the dominant reasons given.

Movements From Reserves to Urban Centres

- A large percentage of respondents in the south had once lived on reserves. Fifty-four per cent of the migrations from the reserve occurred between the ages of 20 and 49. A significant number (33%) also left the reserve at age 50 or over. The two most commonly reported reasons for leaving the reserve were for employment and failing health.

- Movement from reserves appears to be largely to the nearest urban centre and the proximity of home reserves augments the potential for continued interaction. Only one-third of those who had once lived on a reserve never go back to visit their reserve. More importantly, 38 per cent of those who had once lived on a reserve do not consider their move to the city as permanent.

Health Profile

- Six out of every ten native elderly perceive their health to be only 'fair' or 'poor'. If the 'poor' category of health is considered separately then the native elderly are two to three times more likely to rate their health as 'poor' than are other provincial seniors.

- In a comparative sense, the proportion of native seniors who report health problems is no higher than that of the general population of older Canadians. There are indications, however, that health problems for the native elderly may be more debilitating than for the general senior population. Evidence of this includes lower levels of perceived health, frequent visits to the doctor, and significant limitations on personal mobility and daily activities. Again, we are reminded that 60 per cent of the sample are below the age of 65.

- The most frequently reported health problems among the sampled native elderly are arthritis, diabetes, heart conditions, and back, leg, and foot disorders.

- Whereas diabetes affects 5 to 8 per cent of Canadian seniors, 24.9 per cent of the native elderly in the south sample were afflicted. Diabetes is a disease where prognosis and avoidance of complications depends upon adherence to dietary and medical instructions. Thus the illiteracy rates and poverty of the sample are seen as major risk factors in the management of this disease.

- Fifty-two per cent of the respondents in the south and 71 per cent in the north are experiencing dental problems and a significant number have not visited a dentist in the three years preceding the survey.

- Forty per cent of the native elderly report problems in walking yet as few as 6 to 8 per cent have a mobility aid such as a cane.

- Just over 15 per cent of all respondents have a visual impairment which is not correctable with glasses or, if correctable, the respondent is without the proper prescriptive lenses. In the north, as many as 32 per cent of the respondents requested glasses.

Need for Assistance and Care

- Fifty per cent of respondents in the south and 73 per cent in the north indicate that they require assistance with at least one item of personal care. One-third of those requiring assistance 'only sometimes' or 'never' receive that help.

- For those Indian and Metis elderly receiving assistance in personal care, families are the most important providers of that care. Over 40 per cent of those sampled would depend upon a child in the event of an emergency. Less than one-quarter of the respondents use the care services of a formal agency or organization, and half of these use only those agency services for which they are not required to pay a fee.

- The greatest unmet needs for care services which could be provided through formal agencies or volunteer organizations include transportation services, home nursing, friendly visitor services, and translator services.

- The continuing sensitization of the provincial system of long-term care to include the special concerns of the native elderly is also a need which is very much in evidence.

Transportation and Activity Patterns

- Thirty-eight per cent of the Indian and Metis elderly in the southern centres and 61 per cent in the north almost never leave their home or do so for less than an hour a day.

- In addition, 33 per cent of southern respondents and 53 per cent of northern respondents are without a telephone. Not surprisingly, as many as 57 per cent of the native elderly 'often' experience feelings of loneliness.

- While a previous survey by the Senior Citizens' Provincial Council showed 61.5 per cent of Saskatchewan urban seniors are able to drive, only 31 per cent of the native elderly in the south and 10 per cent in the north are able to drive. In fact, only 44 per cent of the urban Indian and Metis elderly live in a household which has a vehicle. Approximately one in four respondents have a problem with transportation and 7 to 10 per cent never drive or get driven.

- For those who choose to participate in organizations, the most popular are those sponsored by Indian and Metis groups. Many of the Indian and Metis elderly partake in traditional ceremonies and would like to see more of these activities in their communities.

In sum, the study provides an in-depth look at the multitude of unmet needs of Saskatchewan's off-reserve Indian and Metis elderly. It is now the intention of the Senior Citizens' Provincial Council to work with the individuals and organizations who represent the province's aboriginal people to devise a set of recommendations which will be published as a supplement to this document.

CHAPTER I

INTRODUCTION

"WHEN I WAS A KID WE HAD NO POWER. WE SLEPT ON WOODEN BEDS AND USED WOOD STOVES. I HUNTED AND FISHED. I PICKED BERRIES TOO. WE SMOKED FISH. NOW TODAY WE HAVE DEEPFREEZES.

WE HAD NO CARS JUST WAGONS AND HORSES. WE CAMPED ANYWHERE. NOW WE HAVE SIGNS THAT SAY 'NO CAMPING HERE.' I USED TO WONDER HOW WE SURVIVED ..."

(Female Status Indian, Age 60-64)

CHAPTER I

INTRODUCTION

1.1. AN OVERVIEW OF PROBLEMS FACED BY THE INDIAN AND METIS POPULATION

Of the provinces, Saskatchewan is second only to Manitoba in the proportion of its population which is of native ancestry (Figure 1.1). In the 1986 Census, 77,650, or approximately one in every 13, Saskatchewan residents identified themselves as being of aboriginal origin. This figure is undoubtably conservative.[1] Integration of Indian and Metis people into the dominant culture affects Census statistics which are largely based upon native "self-identification" (Bell et al, 1976, p. 185). Other difficulties encountered in enumerating the native population, particularly the elderly and northern populations, are related to the English literacy skills necessary to complete census forms (Hohn, 1986, p. 13) and the high mobility rates often dictated by socio-economic circumstances.

Over the last several years, increasing recognition has been given to the complex series of problems facing Canada's native people. The 1981 Census of Canada reported that in 1980 the average income of native people was approximately two-thirds that of other Canadians (Statistics Canada 1984). The 1981 Census also showed that one in six native homes needed major repairs

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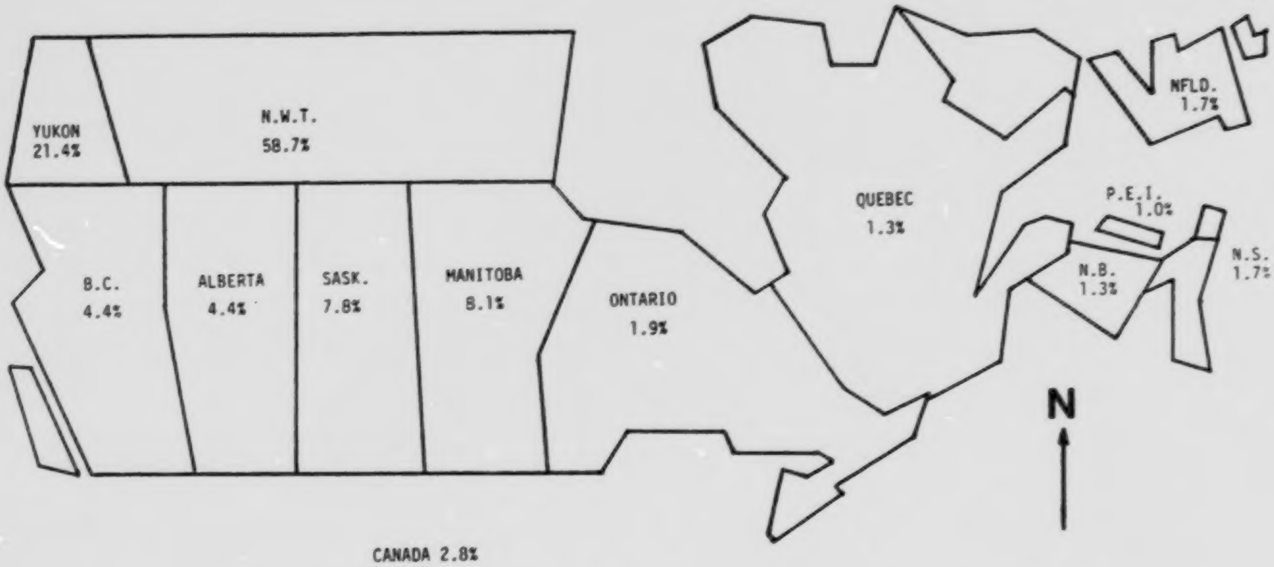
[1] For example, the Department of Indian and Northern Affairs Canada indicates that in September, 1986 there were 57,254 Registered Indians in Saskatchewan. The Association of Metis and Non-Status Indians of Saskatchewan estimated the number of Metis and Non-Status Indians to be 37,000 by the end of 1987.

FIGURE 1.1

PEOPLE OF ABORIGINAL ORIGIN AS A PERCENTAGE OF THE TOTAL PROVINCIAL POPULATION, 1986


YUKON 21.4%
N.W.T. 58.7%
B.C. 4.4%
ALBERTA 4.4%
SASK. 7.8%
MANITOBA 8.1%
ONTARIO 1.9%
QUEBEC 1.3%
NFLD. 1.7%
P.E.I. 1.0%
N.B. 1.3%
N.S. 1.7%
N
CANADA 2.8%

Source: Statistics Canada (1987), 1986 Census of Canada, Summary Tabulations of Ethnic and Aboriginal Origins, Table 3, pp. 3-1 to 3-2. Ottawa.

compared to "just one in 15 non-native homes." Further, one in six dwelling units inhabited by native households was crowded[2] compared to one in 43 non-native homes (Statistics Canada, 1984).

Studies within the Province of Saskatchewan have painted an equally disturbing picture. From 1983 through 1984, the City of Regina conducted a Mayor's Task Force on Indian and Metis Initiatives. The reports of this Task Force document a series of problems facing native people in an urban setting. Included among these problems are high mobility rates, language barriers, and the perceived unsuitability of some institutional and publicly-funded facilities for use by persons of native cultures.

In 1983, the Task Force Committee on the Mental Health Services in Saskatchewan (p. 111) noted that the pressures experienced by significant numbers of native households, as a consequence of conflicting value systems, poor living conditions, and poverty, can cause internal friction and "produce intense reactions of anger, anxiety, depression, and hostility." The Task Force (p. 113) also observed that the average life expectancy of native people is ten years less than that of the general population with violent deaths occuring "at three times the normal rate." In 1981, life expectancies at birth, for Registered Canadian Indian males and females, were 62.4 years and 68.9 years, respectively. The comparative life expectancies for the general Canadian population in that year were 71.9 years for males and 79.0 years for females (Gillis, 1987).

Lower life expectancies, high birth rates, poverty, and varying lifestyle factors have resulted in an Indian population profile which is weighted much differently than that of the general population of Saskatchewan. Figure 1.2, which has been

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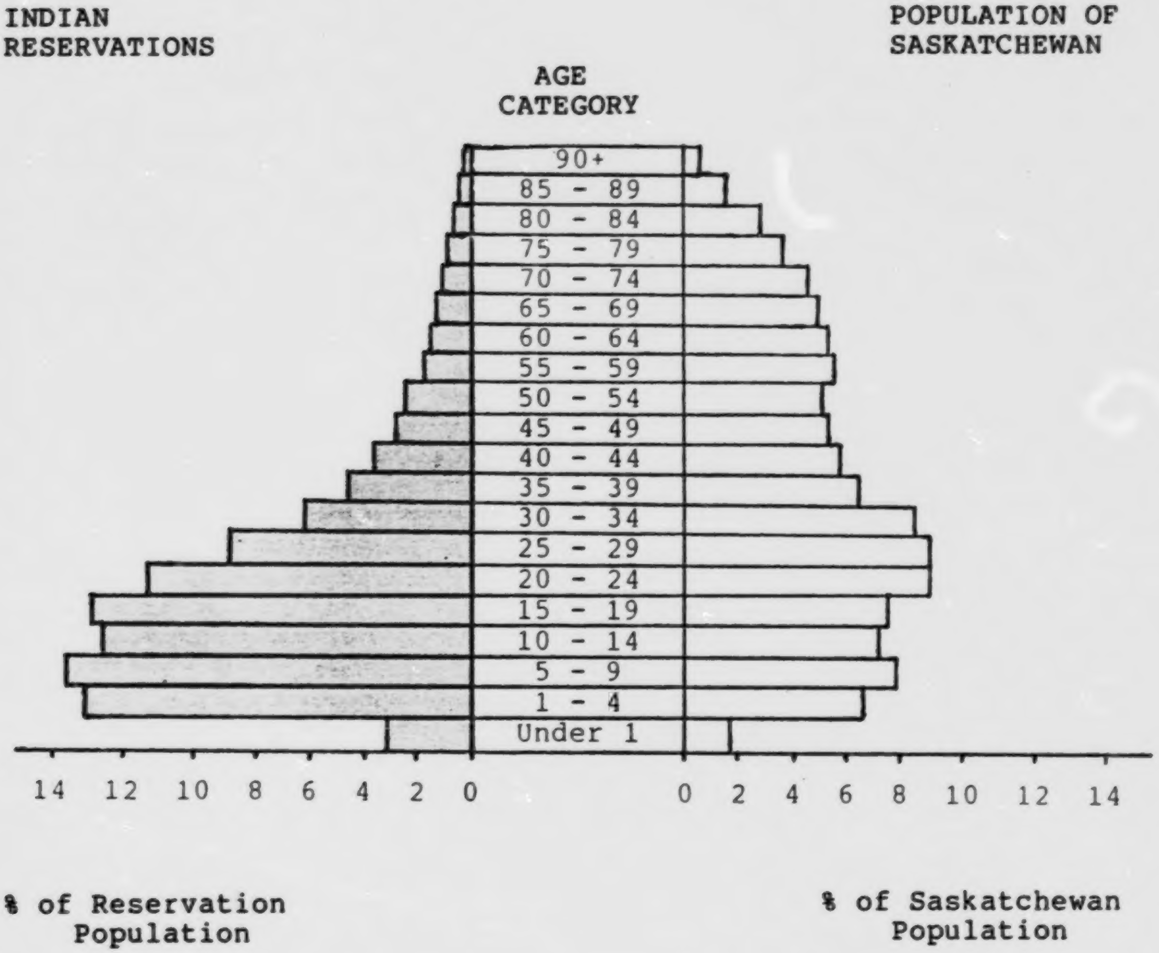
[2] Statistics Canada (1984) defines a dwelling unit as "crowded when it contains more than one person per room."

FIGURE 1.2

PROFILE COMPARISONS, ON-RESERVE POPULATION
AND GENERAL POPULATION OF SASKATCHEWAN, JUNE, 1986



Source: Saskatchewan Health's Insurance Registration Information Systems Unit (1986), Covered Population, June.

derived using statistics provided by the Saskatchewan Health Insurance Registration Information Systems Unit (June 30, 1986), illustrates the difference in the population age pyramids of the population living on Saskatchewan Indian Reservations and the overall provincial population. Fully, 42 per cent of those living on Reservations are under age 15 as compared with only 23 per cent of the provincial population. Similarly, only 3 per cent of the Indian population are age 65 and over as compared to 12 per cent of the general population of Saskatchewan.

1.2. LACK OF INFORMATION SPECIFIC TO THE SITUATION OF INDIAN AND METIS ELDERLY

Despite the increasing amount of attention being directed toward the needs of the general native population, the literature shows that little research has been conducted to specifically define the unique problems and needs of the native elderly (Driedger and Chappell, 1987, p. 51; Bienvenue and Havens, 1986, p. 241; and John, 1985, p. 229). Elderly Indian and Metis share with their people the host of problems already identified. Yet, these problems are augmented by the special concerns of aging, including declining physical health and mobility and potential loss of employment and role in the community.[3]

It can be hypothesized that one of the most critical problems facing the native elderly is the loss of continuity in their lives,[4] the direct effect of pressures to acculturate brought about by migration to and proximity of urban centres. Many adult children of elderly native parents leave economically depressed rural areas and reserves in search of employment and education.[5] Subsequent intergenerational contact becomes complicated by losses of traditions, culture, and language by the young. The gap widens further as the technological and educational advances of the younger native population are increasingly viewed as having more importance in modern society than the traditional knowledge and experience attributed to the elderly (Alberta Culture, 1986, pp. 17, 18; Zay, 1978, p. 9; and Kirkness, 1974, pp. 190-191).

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[3] Commonly referred to, in the literature, as the "double jeopardy" of culture/ethnicity and age (Markides and Mindel, 1987, p. 31).

[4] Holzberg (1982, p. 253) notes that "the supposition that successful adjustment to old age is based upon a continuity of life patterns is fast emerging as one of the most promising theories in social gerontology."

A similar set of difficulties, as those experienced by the native elderly 'left behind,' may be observed in those labelled "followers of children." Weeks and Cuellar (1983, pp. 379, 380) note, in their San Diego study of ten groups of minority elderly, that while "followers of children" maintain daily interaction with their children, this close family relationship can contribute to their failure to venture from the home and make friends, learn English, or take part in the activities of their new community. In other instances, the fact that the children have established themselves in the community, prior to the parent's arrival, may stress previously established relationships as the parent begins to assume a subordinate role in making household decisions (Alberta Culture, 1986, p. 17).

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[5] In 1986, an estimated 38 per cent of Saskatchewan's total Registered Indian population and 28 per cent of those age 65 and over were living away from the reserve (Gillis, 1987).

Given this information, in the Fall of 1985 the Saskatchewan Senior Citizens' Provincial Council formulated a series of preliminary research questions:

(i) How do the native elderly in Saskatchewan conduct their lives and interact with the community in which they live?

(ii) What are the group differences within the population of native elderly and how might these differences account for varying needs?

(iii) To what degree are language and communication difficulties a problem in the lives of the native elderly?

(iv) What are the current utilization patterns for various community-based services by the native elderly and to what extent do the native elderly prefer informal support systems?

(v) What might be the most effective means of addressing the unmet needs of the Indian and Metis elderly?

1.3. THE INITIAL CONSULTATION PROCESS

On December 9, 1985, the Senior Citizens' Provincial Council met with the Honourable Gordon Dirks, then Minister of Saskatchewan Social Services, to present their concerns on the situation of the native elderly. Mr. Dirks directed the Council to take their preliminary investigation into the public realm and to consult with Indian and Metis organizations as well as concerned federal, provincial, and municipal government departments. The purpose of this consultation process was to confirm the trends set out in the preliminary review of the literature and to more accurately determine the availability of research and current statistics specific to Saskatchewan's native elderly.

By the spring of 1986, over 60 individuals had been included in this consultation process, most in face-to-face meetings. These individuals, as set out in Appendix I of this report, represent the government departments, educational institutes, and Indian and Metis organizations listed in Table 1.1.

It was apparent quite early, during this consultation, that little information was available on the Indian and Metis elderly in Saskatchewan. Further, the few studies that had been conducted in Canada and Saskatchewan were either outdated or limited to a specific locality, issue, or subpopulation. Given this evidence, the Government of Saskatchewan granted the Senior Citizens' Provincial Council the funding necessary to undertake a comprehensive study on the unmet needs of the province's off-reserve Indian and Metis elderly.

1.4. SCOPE AND GENERAL AREAS OF STUDY

Because so little was known, the Council determined that any initial empirical research on Indian and Metis elderly, in Saskatchewan, should be exploratory and broad in scope. Accordingly, four formal research objectives were set:

(i) To identify the unmet needs and concerns of Indian and Metis elderly in off-reserve settings in Saskatchewan.

(ii) To understand how these needs differ from those of other seniors.

(iii) To promote an understanding of how the unique needs of the Indian and Metis elderly can best be supported by culturally-appropriate policies, program design, and service delivery.

(iv) To produce a resource document which will include information which will be of use to Indian and Metis organizations, program administrators, and policy and decision makers.

TABLE 1.1

GOVERNMENT DEPARTMENTS AND ORGANIZATIONS CONSULTED

Indian/Metis Organizations

- Federation of Saskatchewan Indian Nations
- Association of Metis & Non-Status Indians of Saskatchewan
- Saskatchewan Native Women's Association
- Saskatchewan Indian Women's Association
- Saskatchewan Association of Friendship Centres
- Regina Native Golden Agers

Provincial Departments

- Saskatchewan Health
- Saskatchewan Social Services
- Saskatchewan Housing Corporation
- Saskatchewan Indian and Native Affairs Secretariat
- Saskatchewan Northern Affairs Secretariat

Federal Departments (Regional)

- Indian and Northern Affairs Canada
- Health and Welfare Canada - New Horizons
- Health and Welfare Canada - Medical Services Branch
- Canada Mortgage and Housing Corporation
- Secretary of State

Members of Parliament

- Hon. Ray Hnatyshyn
- Hon. David Crombie
- Mr. Don Ravis

Municipal Contacts

- Mayor of Regina
- Mayor of Saskatoon
- Mayor of Prince Albert
- Mayor of North Battleford
- Regina Health Department
- Regina Housing Authority
- Administrator of Corporate Services, City of Regina

Educational Institutes

- Saskatchewan Indian Federated College, University of Regina
- Gabriel Dumont Institute of Native Studies and Applied Research, Regina
- Canadian Plains Research Centre, University of Regina
- Sample Survey and Data Bank Unit, University of Regina
- Department of Family Medicine, University of Saskatchewan

CHAPTER II

METHODOLOGY

> "HIS HAIR WAS OF AN UNUSUAL TINT. HE HAD BLACK HAIR MIXED WITH GREY AND STREAKS OF AUBURN. HE WORE HIS HAIR IN A BRAID [DOWN] THE BACK ... HE WAS SOLEMN, SERIOUS. WHEN I ARRIVED WE WENT AND SAT OUTSIDE BY A TENT PITCHED NEAR A TREE ..."
>
> (Interviewer's Observations)

CHAPTER II

METHODOLOGY

2.1. PRELIMINARY WORKING COMMITTEE

As the preliminary consultation process continued through the early months of 1986, several people were invited to form a Working Committee along with members of the Senior Citizens' Provincial Council and the Council's Head of Research (Table 2.1).

The Working Committee met five times, during April, May, and early June of 1986, for the purpose of devising a survey instrument and sampling methodology. Other tasks during this three month period included defining the target population, choosing the communities in which to conduct the survey, hiring the interviewers, pretesting the questionnaire, developing an interview training manual, and conducting a training session for interviewers.

2.2. DEFINING THE TARGET POPULATION OF INDIAN AND METIS ELDERLY

For statistical and programming purposes, the native population can be divided into two groups: (1) Status Indians and (2) Non-Status Indians and Metis. Statistics Canada (1984) defines these subpopulations of people who are of native ancestry as follows:

Status Indians:	Native people registered under The Indian Act. This Act defines the criteria for registration as a Status Indian and describes their rights and obligations.
Non-Status Indians:	Native people who identify themselves as Indian but who are not registered under The Indian Act.
Metis:	Descendants of people of mixed aboriginal and European ancestry.

Given the general data available on adverse living conditions, high morbidity rates, and lower life expectancies for the native population, it appeared inappropriate to define 'elderly' as age 65 or older.[6] Thus, for purposes of the current study 'Indian and Metis elderly' have been defined as Status Indians, Non-Status Indians, and Metis who are age 50 or older. For ease of presentation, the phrases 'native elderly' and 'Indian and Metis elderly' will be used interchangeably throughout this report and both phrases are intended to represent all three subpopulations of aboriginal people unless otherwise indicated.

2.3. SELECTING THE AREAS TO BE SAMPLED

Jurisdictional considerations proved to be the dominant factor in limiting the project to 'off-reserve' Indian and Metis elderly. The literature review and information made available during the preliminary consultation phase pointed to the difficulties many native people are having in the transition from

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[6] In 1980 a study by the American National Indian Council on Aging (NICOA) concluded that in areas such as health "the status of the 45+ reservation groups closely resembles the status of the 65+ non-Indian population" (John, 1985, p. 233). A similar conclusion was reached from a Winnipeg survey of native elderly. The author (Young, 1984, p. 9) writes: "Natives aged 50 and over tend to reveal similar deterioration as is evident for the rest of the population aged 65 and over."

TABLE 2.1

WORKING COMMITTEE, STUDY OF SASKATCHEWAN INDIAN AND METIS ELDERLY

Co-Chairmen:

- Mr. Ernest Crowe, Member, Senior Citizens' Provincial Council (SCPC), Piapot Reserve, Saskatchewan
- Ms. Elizabeth Osbaldeston Troyer, Head of Research, Senior Citizens' Provincial Council (SCPC), Regina, Saskatchewan

Participants:*

- Mr. Ted Azevedo, Chairman, Senior Citizens' Provincial Council, Nipawin, Saskatchewan
- Mr. Tim Gross, Research Assistant, Senior Citizens' Provincial Council, Regina, Saskatchewan
- Mr. Sam Haggerty, Member, SCPC, Regina, Saskatchewan
- Mr. Eric Johansen, Saskatchewan Department of Social Services, Regina, Saskatchewan
- Mr. Ron LaFontaine, Director, Native Housing, Saskatchewan Housing Corporation, Regina, Saskatchewan
- Mr. Harvey Lammer, Regional Supervisor of Child Welfare and Special Services, Indian and Northern Affairs Canada, Regina, Saskatchewan
- Ms. Lorri Lampard, Policy Analyst, Strategic and Fiscal Planning, Saskatchewan Indian and Native Affairs Secretariat, Regina, Saskatchewan
- Mr. Dennis Morin, Research Officer, Gabriel Dumont Institute of Native Studies and Applied Research, Regina, Saskatchewan
- Mr. Tom Rogers, Member, SCPC, Moose Jaw, Saskatchewan

* Both the Federation of Saskatchewan Indian Nations (FSIN) and Association of Metis and Non-Statis Indians of Saskatchewan (AMNSIS) were invited to be active participants in the Working Committee but declined to send representatives. However, Mr. Ernest Crowe and Mr. Dennis Morin did represent both the Status and Metis/Non-Status concerns, respectively.

predominantly rural communities to urban areas (City of Regina Mayor's Task Force, 1983 to 1984; Sorkin, 1978; Clatworthy and Hull, 1983; and Saskatchewan Social Planning Secretariat, 1979). It was determined, therefore, that the study would focus on the needs of the native elderly in an urban context and the southern Saskatchewan municipalities of Regina, Saskatoon, Prince Albert, and North Battleford were chosen as the survey sites.[7] However, the Gabriel Dumont Institute of Native Studies and Applied Research encouraged the Senior Citizens' Provincial Council to expand the project into northern Saskatchewan and the Institute provided an interviewer, with all expenses paid, to survey the native elderly in Sandy Bay and Stony Rapids.

2.4. THE INTERVIEWERS

While the Senior Citizens' Provincial Council had successfully used mail-out questionnaires for previous survey work,[8] linguistic considerations and the nonavailability of complete mailing lists made the mail-out technique inappropriate for the current project. It was decided, therefore, that personal face-to-face interviews with respondents in their own homes and in the language they felt most comfortable with would elicit the greatest response to the survey. In this way the living environment of the respondent could be observed directly, language and literacy biases inherent in a mail-out questionnaire could be avoided, and housebound frail elderly would not be excluded.

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[7] In the late 1970's these four cities comprised an estimated "73 per cent of the total urban Indian and Native population in Saskatchewan" based on statistics provided to the provincial Social Planning Secretariat (1979, pp. 21-22) by the Department of Indian Affairs and Northern Development. Budget and manpower availability enabled the Senior Citizens' Provincial Council to later include a sample of 40 elderly native residents from the town of Fort Qu'Appelle and and the surrounding area.

[8] See, for example, Saskatchewan Senior Citizens' Provincial Council, 1982 and 1987.

There was considerable debate on whether older or younger interviewers, male or female, would be able to establish a greater rapport with the elderly respondents. However, this debate was 'resolved' when the Council was awarded a grant to employ seven post-secondary students for the summer under the Federal Challenge '86 Program. The seven aboriginal university students who were hired ranged in age from 21 through 60. All except one of the interviewers were conversant in both English and at least one aboriginal language, a necessary skill when interviewing native elderly. Table 2.2 illustrates that 37 per cent of the interviews conducted in southern Saskatchewan included the use of an aboriginal language. In northern Saskatchewan the bilingual skills of the interviewers were even more important as less than one-third of the interviews were conducted solely in English.

TABLE 2.2

PERCENTAGE OF INDIAN AND METIS ELDERLY USING SPECIFIC LANGUAGES DURING INTERVIEWS

Language Used	% of Respondents South (n=407)	 North (n=61)
English	63.1%	29.5%
Cree	10.1	31.1
Saulteaux	0.7	0.0
Chipweyan	0.5	24.6
Metis French-Cree	1.0	0.0
English and Cree	19.7	14.8
English and Saulteaux	4.4	0.0
English and Chipweyan	0.2	0.0
French	0.2	0.0

2.5. ADMINISTRATIVE CO-ORDINATION OF THE PROJECT

The project was co-ordinated through the Senior Citizens' Provincial Council office in Regina by the Council's Head of Research. She was assisted by the Office Manager, the Research Assistant, and five part-time Field Supervisors. Table 2.3 presents an overview of the administrative co-ordination for the study, while Figure 2.1 illustrates the locations of the sampled population.

The Head of Research and Research Assistant travelled from the Regina office to Prince Albert, North Battleford, and Saskatoon every two weeks during the interview phase (June, July, and August, 1986). In doing so, approximately 25 per cent of the completed interviews were randomly selected and quality controlled.[9] These visits also were important to boost the morale of the interviewers and to provide an exchange of information on the progress and problems being experienced by the interviewers in the four communities.

In the Fall of 1986, after the completion of the interview phase, a review of the budget (allocated for the interview phase) indicated a small amount of funds remaining which could be used to obtain additional interviews in northern Saskatchewan. Ms. Jane Lyster, of La Ronge, volunteered to co-ordinate these interviews and she selected and trained a group of four interviewers including two NORTEP[10] students. Thus, the northern interviews obtained through the efforts of the Gabriel Dumont

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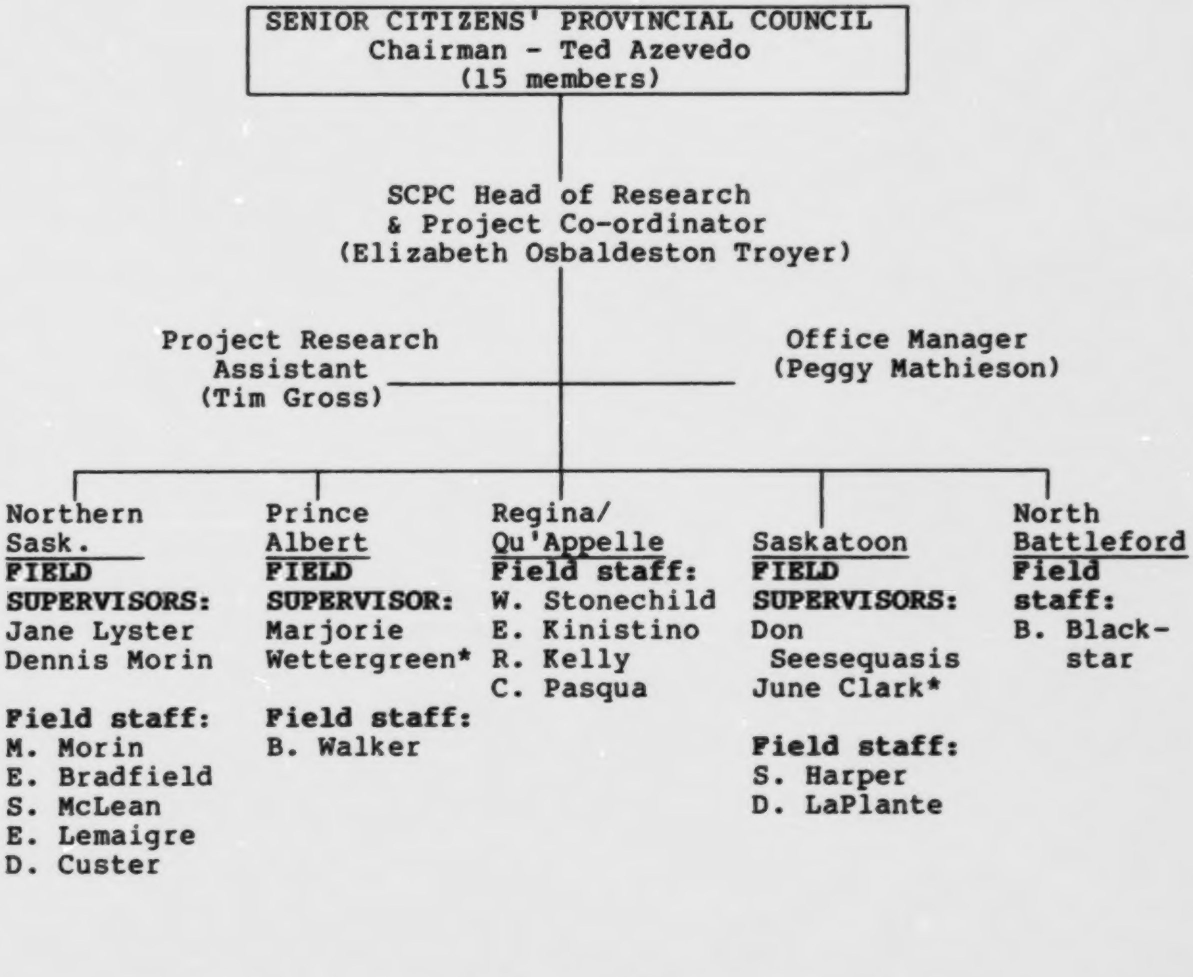
[9] The quality control procedure involved revisiting the respondent to ascertain that the interviewer had visited the household and that the responses had been recorded correctly.

[10] NORTEP stands for Northern Teachers' Education Program.

Institute, in Sandy Bay and Stony Rapids, were supplemented by interviews in the communities of La Ronge, Buffalo Narrows, Ile-a-la-Crosse, Brabant Lake, Reindeer Lake, La Loche, Weyakwin, Timber Bay, and Nemeiben Lake. These interviews were conducted in January and February of 1987. All information collected was subsequently coded and computerized.

TABLE 2.3

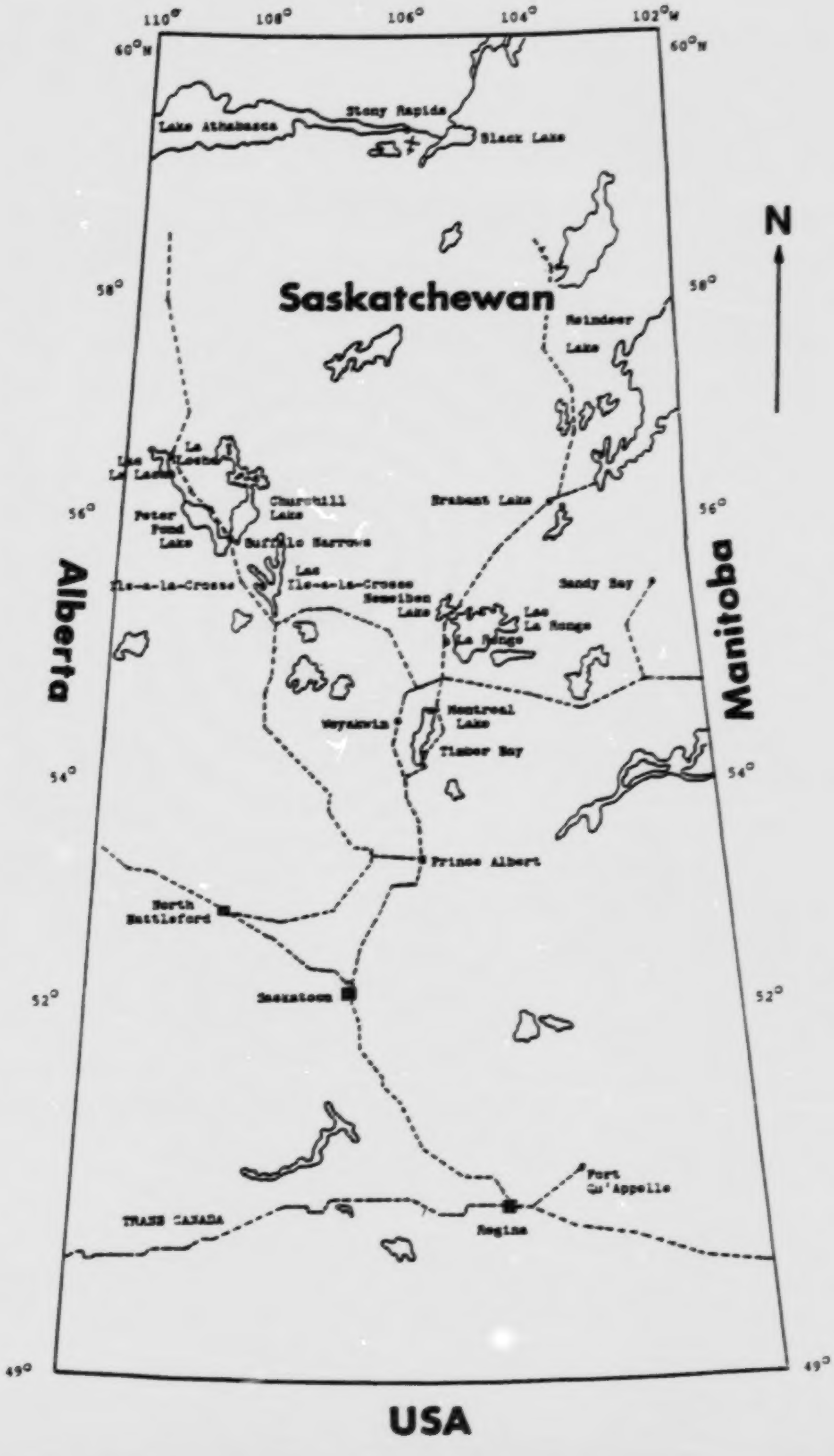
ADMINISTRATIVE CO-ORDINATION OF THE STUDY


SENIOR CITIZENS' PROVINCIAL COUNCIL
Chairman - Ted Azevedo
(15 members)
SCPC Head of Research
& Project Co-ordinator
(Elizabeth Osbaldeston Troyer)
Project Research
Assistant
(Tim Gross)
Office Manager
(Peggy Mathieson)
Northern Sask.
FIELD SUPERVISORS:
Jane Lyster
Dennis Morin
Field staff:
M. Morin
E. Bradfield
S. McLean
E. Lemaigre
D. Custer
Prince Albert
FIELD SUPERVISOR:
Marjorie Wettergreen*
Field staff:
B. Walker
Regina/ Qu'Appelle
Field staff:
W. Stonechild
E. Kinistino
R. Kelly
C. Pasqua
Saskatoon
FIELD SUPERVISORS:
Don Seesequasis
June Clark*
Field staff:
S. Harper
D. LaPlante
North Battleford
Field staff:
B. Blackstar

* Member of the Senior Citizens' Provincial Council.

FIGURE 2.1

LOCATIONS OF THE NORTH AND SOUTH SAMPLED INDIAN AND METIS ELDERLY


110°
108°
106°
104°
102°W
60°N
60°N
Lake Athabasca
Stony Rapids
Black Lake
N
58°
58°
Saskatchewan
Reindeer Lake
Lac La Loche
La Loche
Churchill Lake
Brabant Lake
56°
56°
Peter Pond Lake
Buffalo Narrows
Alberta
Manitoba
Ile-a-la-Crosse
Lac Ile-a-la-Crosse
Sandy Bay
Nemeiben Lake
Lac La Ronge
La Ronge
Montreal Lake
Weyakwin
Timber Bay
54°
54°
Prince Albert
North Battleford
52°
52°
Saskatoon
Port Qu'Appelle
TRANS CANADA
Regina
49°
49°
USA

2.6. THE SURVEY INSTRUMENT

Two types of questionnaires were used for the survey: a general questionnaire and a spouse questionnaire. The 29 page general questionnaire, consisting of both structured and open-ended questions, was used for the first native elderly person interviewed in each household. The spouse questionnaire contained the same questions as the general questionnaire, but avoided areas of duplication such as household, housing, and income information.[11]

The general questionnaire (Appendix II,) was designed to collect basic demographic and household information, in addition to specific data on health, mobility, migration, language, social networks, housing, and transportation. This questionnaire was pretested in both Regina and Saskatoon and appropriate revisions were made. A necessary methodological change was instituted after interviewers, in some areas, found it necessary and correct to carry a pouch of tobacco for use as a gesture of respect upon entering a traditional native home. Another concern in initiating the survey was the length of time (one to two hours) necessary to obtain a comprehensive interview. The pretest, and later the survey, showed this fear to be unfounded as, in fact, loneliness and the cultural respect for a social visit made the length of time an asset.

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[11] In the few instances where the second or third native elderly person interviewed in a household was not the spouse of the first respondent, a Roommate Questionnaire was available.

2.7. THE SAMPLING PROCEDURE

In order to employ a random sampling technique, complete lists of the population group being studied must be available.[12] No such lists were available and Chapter I (p. 1) illustrates the difficulties in even establishing a 'number' which accurately represents Saskatchewan aboriginal people. Added to this uncertainty is the "fluid" population, who migrate between reserve and city (Sorkin, 1978, p. 69).

The literature review of sampling methodologies used in other surveys of off-reserve native households shows major deficiences and limitations. Attempts to compile a list of names and addresses which reflect the 'universe' population of native elderly in a large urban centre are fraught with difficulty and the end product may not be fully representative. For example, Clatworthy and Hull (1983, pp. 19,21) chose to omit residents of hotels and motels (and hence the transient population) from their 'random' survey of native households in Regina and Saskatoon. They also comment that households in apartment units may be underrepresented, in their survey, due to the problems interviewers experienced in obtaining access through apartment security door systems.[13] In Winnipeg, a survey of the native elderly which attempted to use random sampling techniques proved a major challenge. Of the 193 interviews which were accomplished, the author (Young, 1984) writes:

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[12] See Chappell, 1984, p. 5.

[13] Our interviewers did not report this problem. They were all either a resident of, or very familiar with, the community in which they were surveying. Thus it was not unusual for an interviewer to attempt to contact a potential respondent as many as three or four times over the course of the summer.

> This undertaking was not an ordinary study wherein one easily obtains information about the population that is being studied. For one thing, the Native person is not easily found and up-to-date statistics on Native people [are] not readily available anywhere. In order to obtain our population goal we had to resort to procedures that were time consuming and tedious at the best of times. This procedure simply did not permit us to interview our initial target of 300. The interpretors had to first go into the community to find the elderly Native before the survey could begin. Having done this they also had to contend with pursuing a highly mobile group who tend to 'steal away into the night.' ...
>
> The project was larger in scope than had been anticipated by anyone. It was not possible to complete the study within the time frame that was originally set. Technical expertise was at a minimum and finances did not allow for an in-depth analysis of the data we collected.

The difficulties inherent in drawing up a 'universe' list of native people in order to conduct an unbiased sample are further enunciated upon by Baker (1982, p. 27), John (1985, p. 233), and Johnston (1981, p. 102). More than a decade ago, Dosman (1972, pp. 10-11) rejected the in-depth survey technique altogether and assembled his data on native people in Saskatoon by less direct means including participant observation, unstructured conversations, and agency interviews. In Dosman's (1972, pp. 10,11) words:

> ... it is not possible to conduct a scientifically valuable survey based on long questionnaires, or to interview a large or representative sample of the major Indian-Metis groupings in the city. Those days, if they ever existed, are gone. After a century of ruthless analysis, Indians are unanimous in their rejection of surveys, whether conducted by Whites or Indians. Native people are about as willing to confide in an interviewer as the average Catholic is to divulge secrets of the Confessional.

Ten years later, Zuker (1982, p. 20), upon the completion of an on-reserve housing study commissioned by the Department of Indian Affairs and Northern Development (DIAND), echoed Dosman's frustration:

> Difficulties in communication were a hindrance throughout the study. Tense feelings of resentment or mistrust were often expressed in the interviews toward yet 'another department study.' These feelings, arising from the long history of DIAND - Indian relations, often influenced the type [and] quality of information offered.

Given the experiences of previous surveys and in consultation with the Working Committee and the Data Research and Survey Unit at the University of Regina, as well as being cognizant of budgetary and time constraints, the Senior Citizens' Provincial Council decided to proceed with the study using a 'non-random' sample. Quite simply, it was determined that all native elderly people, living in the selected communities and who were age 50 or over and willing to be interviewed, would be included.

In retrospect, while cautioning that the results of the present survey may not be generalized to the 'universe' population of off-reserve native elderly in the province, it is felt that the decision was a good one. By the close of the survey phase, the sample had surpassed the initial target of 300 respondents in six communities, to include 476 respondents who were interviewed in six languages and who lived in 16 communities throughout Saskatchewan (Table 2.4). Table 2.5 shows the major demographic characteristics of the survey respondents.

TABLE 2.4

PLACE OF RESIDENCE, SAMPLED INDIAN AND METIS ELDERLY

South	Frequency	% of All Respondents
Regina	138	29.0%
Saskatoon	133	27.9
Prince Albert	63	13.2
North Battleford	33	6.9
Fort Qu'Appelle and surrounding area	40	8.4
Visitors to cities from Indian Reserves	5	1.1
Subtotal South	**412**	**86.5%**
North		
La Ronge	11	2.3%
Sandy Bay	19	4.0
Buffalo Narrows/Ile-a-la-Crosse	6	1.3
Stony Rapids	7	1.5
Brabant Lake/Reindeer Lake	6	1.3
La Loche	9	1.9
Weyakwin/Timber Bay	4	0.8
Nemeiben Lake	2	0.4
Subtotal North	**64**	**13.5%**
TOTAL SAMPLED POPULATION	**476**	**100%**

TABLE 2.5

DEMOGRAPHIC CHARACTERISTICS,
SAMPLED INDIAN AND METIS ELDERLY

SUBPOPULATION GROUPING OF RESPONDENTS

	South (n=397)	North (n=63)
Status Indians	53.4%	23.8%
Non-Status Indians	12.3	34.9
Metis	34.3	41.3

AGE GROUPING OF RESPONDENTS

	South (n=397)	North (n=64)
50 - 64	58.9%	21.9%
65 - 74	28.3	54.7
75+	12.8	23.4

SEX OF RESPONDENTS

	South (n=407)	North (n=64)
Males	38.6%	32.8%
Females	61.4	67.2

2.8. LOCATING THE SAMPLE

Traditional sources used for surveying purposes, such as telephone and Henderson's directories, could not be used to locate the sample. As the data will show, the interviewers were, at times, persistent in thei- determination to locate a respondent.[14] The respondents include several who are accessible only by plane or by boat, as well as a gentleman who lives in a truck moving to various parking lots throughout a city. As will be seen in the analysis, the seniors sampled proved to be a highly mobile population. Most are not property owners and over 30 per cent do not have telephones. Many of the native elderly almost never leave their home and few belong to formal organizations, thus representing a population that would not have been included if agency lists were used exclusively. The total range of sources which were used to obtain the sample included:

- word of mouth
- health and social service organizations
- Indian and Metis societies
- church organizations
- soup kitchens, food banks
- housing agencies
- phone books
- Salvation Army, Missions, residential hotels
- nursing homes
- educational institutions
- transportation agencies
- on-the-street contacts

---

[14] Interviewers often did not have a car but relied instead upon travelling by foot, bike, or local transit. In the south, only 48.6 per cent of the respondents were available when the interviewer first attempted to contact them. Of the interviews in the south, 29.8 per cent took two attempts; 14.1 per cent took three attempts; and 7.2 per cent took four attempts. Respondents were more readily available in the small communities in the north and 72 per cent of the interviews required a single attempt; 24.6 per cent required two attempts; and 3.3 per cent required three attempts.

It is interesting to note, in retrospect, the high correlation between the locations of our sampled households, in Regina and Saskatoon, and the spatial concentration of native populations in those two cities as depicted in Clatworthy and Hull's (1983, p. 59) random survey results (Figure 2.2).

2.9. RESPONSE RATE

In total, 445 Indian and Metis elderly in southern Saskatchewan were approached for interviews. Refusal to participate came from only 33 people (7.4%).[15] Given that it had only been a few weeks between Statistics Canada's 1986 Census and the Council's survey, the refusal rate is quite remarkable. Of those who refused to participate 20 were not interested or too busy; four attempted the survey but, even with translation to their native language, they were unable to understand the questions; three were ill or tired; two felt the questions were too sensitive; and six had other reasons for refusing to participate.

In 56 per cent of the interviews in the south and 53 per cent in the north, the interviewer was alone with the respondent. Only four interviews were completed by proxy on behalf of an ill respondent. Nine per cent of the respondents in the south and 24 per cent in the north required some assistance from a family member or friend in answering the questions.

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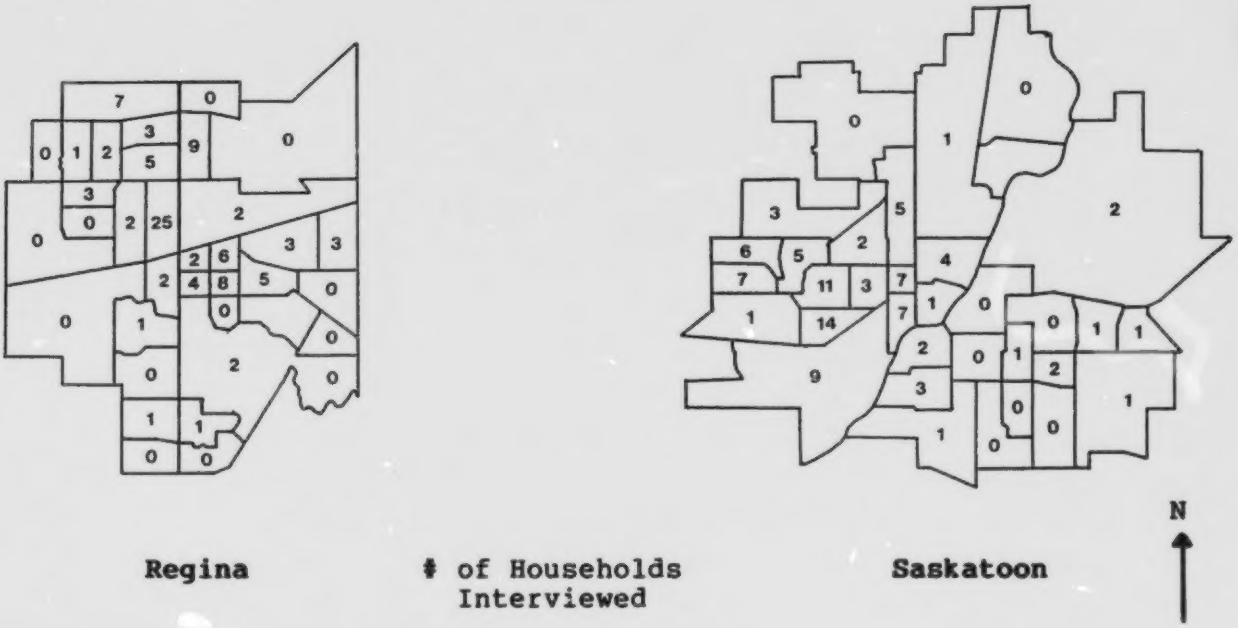
[15] It is not known what the refusal rate was for northern Saskatchewan.

FIGURE 2.2

SPATIAL CONCENTRATION OF NATIVE HOUSEHOLDS,
REGINA AND SASKATOON

1986 Survey Native Elderly, Senior Citizens' Provincial Council


7
0
3
0
1
2
9
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5
3
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25
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6
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3
2
4
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7
11
3
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1
7
1
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14
0
1
1
2
0
1
2
9
3
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1
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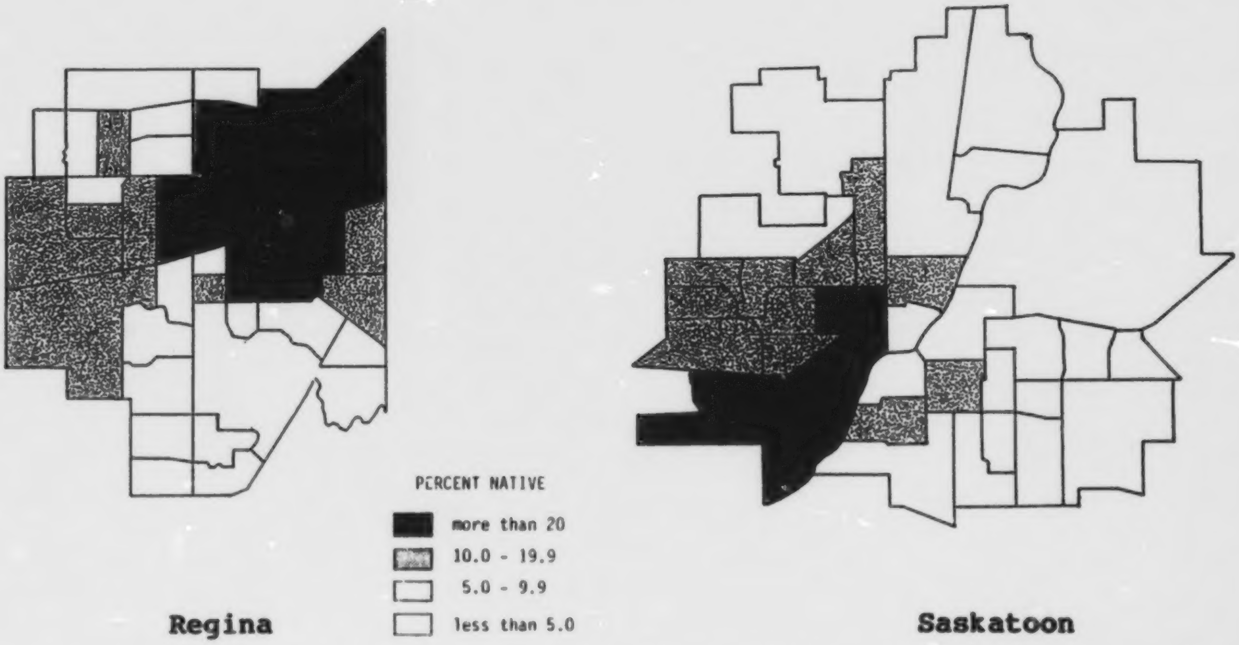
1
0
N

Regina # of Households Interviewed **Saskatoon**

1983 Random Survey of Native Households *


PERCENT NATIVE
■ more than 20
▨ 10.0 - 19.9
☐ 5.0 - 9.9
☐ less than 5.0

Regina **Saskatoon**

*Source: Clatworthy and Hull (1983), Native Economic Conditions in Regina and Saskatoon, Figure 7, p. 59.

The low refusal rate of 7.4 per cent is likely interrelated with the skills, empathy, and aboriginal backgrounds of the interviewers, as well as to the social isolation of many of the respondents. However, this statistic alone is somewhat deceiving. Table 2.6 records in detail the difficulties that were experienced in obtaining the first 96 interviews of native elderly in the city of Saskatoon. For the 96 interviews that were obtained, there were 126 'potential' interviews which could not be initiated.

Phones were not available in one-third of the respondents' homes so that interview dates often could not be prearranged. Much of the work in locating the respondents was done by foot, bicycle, or bus. The high mobility rates of this population, later verified in the study statistics, made it particularly difficult to sample.[16]

It is appropriate to refer to Marshall's recent work (1987, Table 1, p. 221) to compare the differences in the Council's sampling of native elderly in Saskatoon, where complete lists of the 'universe' population were not available, and the sampling statistics of Canadian studies of the general senior population where complete population lists were available. Marshall shows that, where complete lists are available, the percentage of potential respondents who could not be located ranged from 10.8 to 18.5. In the current study, the Saskatoon sample indicates 49.1 per cent of collected names could not be located. In a more positive light, Marshall cites refusal rates ranging from 34.2 to 37.7 per cent or approximately five times as high as were experienced with the current survey of the Indian and Metis elderly.

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[16] Respondents were somewhat easier to locate in Regina than in Saskatoon and we hypothesize that the presence of two older interviewers (in their 50's and 60's), who were connected to the 'grapevine' of native elderly, facilitated the process here.

TABLE 2.6

RECORD OF SAMPLING PROBLEMS EXPERIENCED WHILE OBTAINING THE FIRST 96 INTERVIEWS OF INDIAN AND METIS ELDERLY IN SASKATOON, JUNE-JULY, 1986

(N=222)

Interviews Obtained	#
Completed	87
Partial	9
Subtotal	**96**

Interviews Not Initiated After Contact Made	#
Refusal	5
Respondent too young	7
Respondent not native	4
Respondent cannot communicate	1
Subtotal	**17**

Unable to Contact Respondent	#
False address given (i.e. empty lot)	14
Moved out of city	9
Name and address correct but cannot find at home	21
Have a name but no address	11
Respondent moved from address and unable to track down new address	50
Name and address available but no reason given for failure to attempt a contact	4
Subtotal	**109**

TOTAL	**222**

Generally each interview lasted one to two hours and in some cases several visits had to be made to complete the questionnaire. Difficulties experienced in locating respondents and the emotional toll exacted often limited the interviewer to only one or two interviews a day. Interviewers were required to spend some time after each interview recording their overall impressions. The interviewer's notes, two examples of which follow, often depicted the depth of feelings experienced.

EXHIBIT 1. INTERVIEWER'S OBSERVATIONS

> Edward is a gentleman in his late 60's. He speaks English well, is separated from his wife, and lives with his son. The interviewer writes:
>
> "When I came in to see him, he was sitting at the doorstep of the apartment house while his grandchildren were yelling at the neighbourhood kids and throwing dirt at each other.
>
> Throughout the interview he was quite unhappy. [As he recalled] one incident tears came to his eyes. There seems to be a fear towards the daughter-in-law who keeps him. The daughter-in-law was away visiting her sister up north. The respondent was nervous and would smile frequently. He appeared worried, depressed, anxious. There was a love expressed toward his grandchildren who call him 'papa.' He enjoyed my visit thoroughly and looked forward to seeing me again."

EXHIBIT 2. INTERVIEWER'S OBSERVATIONS

> "She was a very warm person and ... very optimistic... Her only complaint is that she is single, on the other hand after having two marriages [widowed twice] she has no desire to marry again.
>
> Her face expressed a true contentment ... she gives her time to people that require help ... She babysits, cleans house for relatives or visits people. Her relatives appear fond of her. [During] the first interview, we had to stop because her daughters and nephew walked in with a small decorated cake for her and it wasn't [even] her birthday."

2.10. CONCLUSION

Given the methological constraints, the odds against completing a study of this magnitude were enormous. The determination and empathy of the interview team and the willingness of 476 Indian and Metis elderly to open their homes to the interviewers and to share a glimpse of their lives, were the key to the successful completion of the study. The facts and figures presented in the next chapters are, for the most part, very bleak and do not convey the human element. For this reason, we have chosen, in the presentation of data, to deviate somewhat from a purely statistical description and instead have inserted, throughout the report, a series of 'vignettes' or 'life profiles' of native elderly. To preserve anonymity, these life profiles are composites which have been constructed based on the information gained through hundreds of interviews that the Council has conducted with the Indian and Metis elderly. These profiles emphasize the human lives behind the statistics and show how some participants in the study are faced with a complex series of problems and needs. While the names and characters used in these vignettes are ficticious, the settings, events described, and dialogue spoken by the characters are based in reality. Direct quotations from respondents have also been included throughout the report. Again, where anonymity is threatened, details have been altered slightly.

CHAPTER III

A PROFILE OF THE EDUCATIONAL, ECONOMIC, AND LANGUAGE SKILLS AND RESOURCES OF THE INDIAN AND METIS ELDERLY

"A UNIVERSITY STUDENT LEARNS FROM BOOKS AND CAN'T DO THINGS FROM EXPERIENCE. THAT WAS THE GOOD THING ABOUT 'INDUSTRIAL SCHOOL.' ... WE LEARNED EVERYTHING DIRECTLY ... I LEARNED BY DOING. IT HELPED WHEN I WENT INTO THE WORKING WORLD, BECAUSE I WASN'T AFRAID TO TRY.

AT ... RESIDENTIAL SCHOOL THEY TAUGHT US TO BREAK IN COWS FOR MILKING. IT TOOK TWO WEEKS BEFORE YOU COULD MILK THE COW WITHOUT TYING THEM AROUND THE REAR END.

I GOT A JOB AT A RANCH AFTER I LEFT SCHOOL BECAUSE I KNEW HOW TO 'TAKE THE FEAR' OUT OF ANIMALS."

(Male Status Indian, Age 55-59)

CHAPTER III

A PROFILE OF THE EDUCATIONAL, ECONOMIC, AND LANGUAGE SKILLS AND RESOURCES OF THE INDIAN AND METIS ELDERLY

3.1. YEARS OF FORMAL EDUCATION

> **"I went for eight years in school but they [always] put me back with grade 1 or 2. Every time I went back [after quitting] I had to start over. The teacher was too good. When kids got lonely she would let them go home. My grades were too difficult for me. I should have kept on but only a half day of school and a half day of work ..."**
>
> (Status Indian Woman, Age 75-79)

The level of education of the elderly is important since it has been found to influence a number of characteristics and behaviour patterns such as socio-economic status, labour force participation, and the use of health and social services (Cyr and Schnore, 1982, p. 154 and McPherson, 1983, p. 89).

Table 3.1 presents a comparison of the levels of formal education attained by the sampled Indian and Metis elderly with those of the general Saskatchewan senior population. In 1981, 61 per cent of Saskatchewan's seniors had less than a Grade 9 education. In comparison, 72 per cent of the total sample of native elderly in the south, age 50 and over, have less than Grade 9, and when the south subsample, age 65 and over, is studied separately, 78 per cent have no formal education beyond the elementary level.[17]

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[17] These statistics on education of the native elderly closely resemble national trends set out in the 1981 Census where 85 per cent of native people, age 65 and over, reported that they never attended high school (Statistics Canada, 1984).

TABLE 3.1

HIGHEST LEVEL OF FORMAL EDUCATION, SAMPLED INDIAN AND METIS ELDERLY VERSUS SASKATCHEWAN SENIOR POPULATION

Formal Education Level	% of Indian and Metis Elderly Respondents				Indian and Metis Elderly South Respondents Age 65+		Sask. Seniors*
	South (n=366)		North (n=57)		(n=149)		
None	14.5%	>71.7%	57.9%	>93.1%	21.5%	>78.4%	< 61.2%
Less than Grade 5	17.2		15.8		22.8		
Grades 5 to 8	40.0		14.0		34.1		
Grades 9 to 10	11.5		3.5		10.1		< 22.5
Grades 11 to 12	2.7		0.0		1.9		
Secondary school or less with a trade certificate	8.8		3.4		4.0		< 16.3
Some college /university	3.6		0.0		1.3		
College/ university diploma	1.4		0.0		1.3		

* Senior Citizens' Provincial Council (1984), Table 22, p. 34.

A content review of the stories and reminiscences made by the native elderly shows that family and economic circumstances were the most frequent obstacles to the acquisition of formal schooling. An interviewer writes of the lost educational opportunity of a Metis woman who is now in her early 60's and living in a small town:

> When she was eight she and her five sisters picked stones [she lost] and she had to stay home to care for her father [who was sick and widowed]. She tries hard to read but there's a big difference now with all the kids going to school so young. Back then [there was] no opportunity to do so. She is so proud that her grandchildren have graduated.

Statistics on formal education levels for the native elderly in the north show even greater discrepancy when compared with the provincial average (Table 3.1). Of the 57 individuals sampled, 58 per cent had no formal schooling and only 7 per cent had continued their education beyond the eighth grade. During the times the respondents in the north were growing up, much of the traditional northern employment (hunting, trapping, and fishing) kept families away from town for weeks or even months at a time. Kirkness (1974, p. 199) observes that where education tied native families to the village, the choice for the father would be unemployment or long periods of absence from his family. An elderly Indian woman, now living in a home without electricity or water, in a northern Saskatchewan community, recalls her childhood:

> We only had moccasins and rabbit skins for socks in the wintertime. Rabbit robes made out of about 60 rabbits ... We don't live in teepees anymore. We used to set traps, snare rabbits, get meat from the bush. We'd lift nets in the morning to see if we had fish to eat ... We never went to school much. We'd move to the trapline for the winter, so we'd only get a little schooling in the summer.

The freedom of native people in the north to follow traditional ways of life appears to have sheltered many from the acculturation process in their early years. Yet, as later analyses will show, health problems, requiring specialized treatment only available in major urban centres in the south, have caused transitional concerns for some.

3.2. THE JOYS AND FRUSTRATIONS IN ACQUIRING AN EDUCATION

> **"The teachers were always strict with us. We couldn't even leave the yard. The ones that snuck away would get half of their head shaved and they would get spankings."**
>
> (Status Indian Gentleman)

This chapter opened with a quote from a gentleman who had adjusted well to the schooling experience. He and other respondents, who successfully advanced through the school system, recognize that the years they spent in school allowed them to acquire useful skills and trades. For others, the religious nature of their early experiences in boarding school is still reinforced in their lives today: "I can remember ... going to church in the morning and evening, then at 3 o'clock we were taught religion. That's my lifestyle - still today it follows."

There is, however, another side to schooling which does not always bring fond memories; this being that, in some areas, Indian children were required to leave home to live at a residential school. As such, the young were isolated from the influences of home (Dosman, 1972, p. 20 and Sealey, 1974, p. 31). Titley (1986, p. 33) observes that "residential schools were viewed by both secular and ecclesiastical authorities as the great crucibles which would enable young Indians to shed their ancestral ways."

It is then not surprising that a number of respondents recall their days at the residential schools as a time of great adjustment. Students often came home only for special holidays and the life and language of their home community, at times, grew unfamiliar. "I am kind of stupid on my side of Indian" apologized one Status Indian gentleman to our interviewer. Another woman remembers arriving home from school only to find that the Cree she spoke was an entirely different dialect than that spoken by her family. Yet another respondent recalls the shock of leaving the sheltered environment of the residential school. This woman, now the single mother of five children, recalls arriving home from boarding school at age 15 to be told by her parents that she would be married the next month to a young man whom she had never met.

Others recall hardships their families were facing back home on the reserve while they were away at school. A female Non-Status Indian, now in her 60's, remembers a happy childhood marred only by "the Indian Agents [who] stopped everything on the reserve. No raindances or sundances. They wouldn't even allow fiddle dances. Really, everyone had to get permission to do anything then, [even] to sell wood or livestock." A Status Indian gentleman, also in his 60's, recalls much the same. He said, "You couldn't even attend a pow-wow on the next reserve during the time I was growing up. The RCMP would chase us back to our homes ... However this didn't stop my father. He'd turn the horses onto another route and get to them anyway."

Regardless of the type or level of schooling of the native elderly, some of the most respected lessons came from their elders. A Metis gentleman, in his late 50's, says, "My grandparents taught me something I'll never forget. Even today when I hunt or fish, I only take what I can use." Themes on the respect for elders continually appear throughout the interviews: "I was taught to love and respect people by my elders;" "People were close together and taught to respect relations."

Many of the Indian and Metis elderly wish their children and grandchildren the best of both worlds - a good grounding in education tempered with the richness of the native cultures. A Status Indian woman, in her late 70's, articulates these feelings well in saying:

> I suppose we have to change gradually to be able to cope with the modern time. But the culture we possess will never be forgotten. We can live in the modern times and still possess the great Indian culture that has been instilled in us by our ancestors.

3.3. LANGUAGE SKILLS AND PREFERENCES

> **"While I interviewed her, I noticed the spouse sat with his head down ... he lowered his head as a sign of respect ... There seems to be a good communication between spouses and between the children and parents. The couple kept their voices at a low level ... they didn't mumble but spoke just loud enough to be heard."**
>
> (Interviewer's Observation)

Despite low levels of formal education, a high percentage (78.2%) of the native elderly in the south speak English well (Table 3.2) and over half are fluent in more than one language. English language skills, in the south, show significant variance by subpopulation. Only 72 per cent of the Status Indian respondents speak English well as compared with 77 per cent of the Non-Status Indian respondents and 87 per cent of the Metis.

Statistics for the north are markedly different. The majority of the sample are unilingual in Cree or Chipweyan and fewer than one in five speak English well.

The senior's preference to speak their native language is apparent when Table 2.2 (Chapter II) is re-examined. When given a choice, 37 per cent of the native elderly in the south and 70 per cent in the north prefer to combine English with an aboriginal language or to speak totally in an aboriginal tongue.

TABLE 3.2

LANGUAGE SKILLS, SAMPLED INDIAN AND METIS ELDERLY

English Speaking and Literacy Skills

	South	North
Speak English	(n=394)	(n=64)
- well	78.2%	18.8%
- with difficulty	20.5	48.4
- not at all	1.3	32.8
Read English	(n=389)	(n=63)
- well	65.3	14.3
- with difficulty	22.4	27.0
- not at all	12.3	58.7
Write English	(n=384)	(n=63)
- well	61.7	11.1
- with difficulty	25.0	25.4
- not at all	13.3	63.5

Number of Languages

	South (n=391)	North (n=64)
One	40.2%	62.5%
Two	50.9	34.4
Three	8.7	3.1
Four	0.3	0.0

Languages Spoken Well

	South	North
English	78.2%	18.8%
Cree	50.5	75.0
Saulteaux	16.5	0.0
French Cree	8.6	0.0
French	4.3	3.1
Dakota ('Sioux')	2.3	0.0
Assiniboine	1.5	0.0
Chipweyan	0.8	29.7
Ukrainian	0.8	0.0
Ojibway	0.4	0.0
Norwegian	0.4	0.0

Despite the large percentage of Indian and Metis elderly in the south who do speak English well, emphasis must be made of the approximately 22 per cent of these predominantly urban native elderly who are having difficulty with English. If reading and writing literacy skills are included, then the proportion who are having difficulty with English in the south becomes as high as 35 to 38 per cent (Table 3.2). The native seniors in the south having difficulty with English are not just the very old but include 20 per cent of those age 50 to 64 (n=230), 21 per cent of those age 65 to 74 (n=110), and 35 per cent of those age 75 and over (n=51). Throughout this report, it will be noted that this group have significantly more unmet needs than do the native elderly who have acquired English skills.

One of the greatest frustrations, for those who do not have a good command of English, is their difficulty in communicating with the young. A Metis woman, in her 80's and having great difficulty with English, laments:

> People cannot speak the [Indian] languages, especially small children. They can't speak. They speak only English. It's as though our language is not worth speaking. Sometimes I feel like speaking English instead of [my] Indian language because they [children] are not taught to speak our languages. They use big words in English. I should have continued my education. At least I would know enough.

Concerns for the welfare of the young and revival of the native languages were constantly expressed. The strong devotion of the elderly to children is evidenced by the fact that one in every five respondents requested a service for children (Table 3.3). As one gentleman so aptly put it, "... because children always come first."

TABLE 3.3

SERVICES REQUESTED FOR CHILDREN BY THE SAMPLED INDIAN AND METIS ELDERLY

Description of Service	Shown in Descending Order as a % of Those Requesting Services For Children (n=84)
Programs where the elderly can teach and counsel the young with particular emphasis on traditions and increasing aboriginal language skills	50.0%
Organized activities and proper play spaces for the young	27.0
Alcohol and drug rehabilitation for the young	17.6
Protective services and homes for abused native children	9.5
Caregiving services to relieve the elderly who have childcare responsibilities	8.3
Services for young native people with disabilities	4.8
Clothing for the young	2.4

Interest in transmitting Indian cultures and traditions to the younger generation was often expressed and the advice and counsel of the native elders was seen as an important element in this transmittal. This viewpoint is well expressed in the following excerpt taken from an interview with an elderly Status Indian:

> The [Indian] stories they talk about were not meant to be taught in school. They were to be told by elders. They were also to be told only at certain times of the year.
>
> Nowadays things are getting so mixed up ... I don't like it. In my way, I try to correct them. The Indian school teachers don't even know the proper way. They think they are teaching the Indian way but they are not.
>
> For instance, an elder taught my granddaughter to dance. When the girl outgrew her outfit we asked the elder what to do with the outfit. "Don't sell it" he said "you have to make [it] a give-away." That's the proper way.
>
> Not many people today would. They'd want the money. Times are changing.

3.4. EMPLOYMENT HISTORIES

Much of the emphasis in learning was of a practical nature for both those Indian and Metis elderly who received formal educations and those who did not. The trades and skills at which they became accomplished were later reflected in the occupations they pursued (Table 3.4).

Few of the sampled Indian and Metis elderly have worked in professional occupations and women most often have been involved in 'unpaid household/subsistence work.' Of the women who were involved in the paid labour force, they were most often in the 'servicing' sector with occupations such as cooks, chambermaids, or seamstresses.

TABLE 3.4

OCCUPATIONS,* PAST AND PRESENT, SAMPLED INDIAN AND METIS ELDERLY

Type of Occupation	South		North	
	Males (n=133)	Females (n=231)	Males (n=21)	Females (n=37)
Unpaid household/ subsistence work	3.8%	69.3%	0.0%	78.4%
Farming	40.6	12.1	0.0	0.0
Servicing	6.8	30.3	9.5	29.7
Tradesmen	42.9	4.3	19.0	0.0
Primary activity	36.1	7.4	14.3	10.8
Professional	15.8	9.5	0.0	5.4
Nursing	1.5	10.8	0.0	2.7
Armed Forces	10.5	3.0	0.0	0.0
Trapper/hunter/ fisherman	9.8	0.0	76.2	29.7
Clerical	0.8	3.0	0.0	0.0
Jail or Brink's guard	2.3	0.0	0.0	0.0

* A respondent may have worked at several types of occupations and thus the percentages add up to over 100.

DEFINITION OF OCCUPATIONS

UNPAID HOUSEHOLD/ SUBSISTENCE WORK..	housework, motherhood, home care, caring for sick, canning, beading, leather worker, snowshoe weaving
SERVICING.........	restaurant/camp cook, waitress, dishwasher, chambermaid, store clerk, seamstress, caretaker, cleaning, chef
CLERICAL..........	bookkeeping, typing, writing
NURSING...........	nurses' aide, midwife
PRIMARY ACTIVITY..	mining, sawmill, lumberyard, driller, foreman, trucker, factory worker, highway crew, heavy equipment operator, wood cutter
TRADESMEN.........	cement work, mechanic, carpenter, railway, electrician, plumber, painter
PROFESSIONAL......	teacher, counselling, management, administrator, musician, interpreter
FARMING	
TRAPPER, HUNTER, FISHERMAN, GUIDE, TANNING HIDES, MINK FARM	
ARMED FORCES	
JAIL OR BRINK'S GUARD	

Trades (42.9%), farming (40.6%), and primary sector occupations (36.1%) were the dominant employment trends for the male respondents in the south. In the north, 76.2 per cent of the male sample were employed in the traditional pursuits of trapping, hunting, or fishing.

A sobering statistic is revealed when current employment of the sampled population is examined. While 60 per cent of the respondents in the survey are age 50 to 64, only 27 per cent of the 'working age' respondents who listed sources of income reported current full or part-time employment of either themselves or their spouses. These, indeed, may be of the generation that are caught between two cultures - seeking employment which stresses technological advancement but having skills that reflect traditional activities. Less than 4 per cent of the respondents in the south and 6 per cent in the north reported income sources such as Unemployment Insurance or Workers' Compensation. This is a further indication of the low rates of employment among this population. Other variables, such as health and difficulties with transportation, may have influenced labour force participation rates. These variables will be reviewed in later chapters of this report.

3.5. ECONOMIC CHARACTERISTICS

Statistics Canada (1984) reports that in 1980 the proportion of native income in the form of government transfer payments was double that for non-natives. This trend is substantiated in Table 3.5 which shows the sources of income reported by the sampled Indian and Metis elderly households. The most commonly reported sources of income in the south are Social Assistance payments (49.8% of households) followed closely by Old Age Security payments (44.4%). In the north, where a larger percentage of the sample are age 65 and older, Old Age Security is the most commonly reported source of income.

TABLE 3.5

SOURCES OF INCOME,* SAMPLED INDIAN AND METIS ELDERLY

Sources of Income	% of Households South (n=241)	% of Households North (n=50)
Earned Income:		
Full/part-time employment	16.6%	12.0%
Room/Board rental	3.3	4.0
Selling crafts	0.8	0.0
Savings, investments	0.8	0.0
Other	1.7	0.0
Private/Earned Pension:		
Canada Pension	26.6%	14.0%
War Veteran Pension	7.5	2.0
Disability Pension	5.8	2.0
Private pension	5.0	6.0
Other	1.7	0.0
Government Assistance:		
Old Age Security	44.4	78.0%
Guaranteed Income Supplement	n/a	n/a
Spouse Allowance	5.8	16.0
Social Assistance/Indian Affairs	49.8	12.0
Saskatchewan Income Plan	n/a	n/a
Family Allowance	16.6	26.0
Other (eg. Unemployment Insurance or Workers' Compensation)	3.7	6.0

* More than one source of income was reported by many households.

Almost one-quarter (23.3%) of the sampled households in the south and 10 per cent in the north reported incomes, for themselves and their spouses, of under $500 monthly or less than $6,000 a year (Table 3.6). The $6,000 income ceiling reported by these households is less than two-thirds of the $9,930 set as the 1986 poverty line, for a single-person household, by the Canadian Senate Report on Poverty (December, 1987).

TABLE 3.6

TOTAL MONTHLY INCOME OF SAMPLED INDIAN AND METIS ELDERLY HOUSEHOLDS*

Monthly Income	% of Households South (n=223)	 North (n=49)
$0 - $500	23.3%	10.2%
$501 to $1,000	55.2	63.3
$1,001 to $1,500	15.7	22.5
$1,501 to $2,000	5.0	4.1
Over $2,000	1.0	0.0

* Household refers only to the respondent and their spouse.

In the south, when the selected variables of subpopulation and age are cross-tabulated with income, two trends become evident (Table 3.7). First, the Metis report higher monthly incomes than do the Status Indians. Thirty-two per cent of the sampled Metis earn over $1,000 per month as compared with 15 per cent of the Status Indians. This trend was also evident in the work of Clatworthy and Hull (1983, p. 88). Second, federal and provincial pension benefits mean that those 65 years or older generally reported higher incomes than the younger individuals.[18] The higher incomes reported by the north sample are a reflection of the greater proportion of respondents who are of pension age.

TABLE 3.7

PERCENTAGE OF ELDERLY INDIAN AND METIS HOUSEHOLDS WITH SELECTED CHARACTERISTICS BY INCOME, SOUTH SAMPLE

	Monthly Household Income*		
Household Characteristics	$0- $500	$501 - $1,000	Over $1,000
Total sample: (n=241)	**23%**	**55%**	**22%**
Subpopulation:			
Status (n=122)	27%	58%	15%
Metis (n=76)	21	47	32
Non-Status (too few reported incomes to calculate)	n/a	n/a	n/a
Age:			
50 to 64 (n=130)	34%	45%	21%
65+ (n=93)	9	69	22

* Household income refers only to the income of the elderly respondent and their spouse.

McPherson (1983, pp. 93, 94) comments on the difficulty people have in saving money after retirement and notes the positive relationship between assets accumulated in the preretirement years and the standard of living in later life. Given this information, there is much significance in the fact that 34 per cent of those respondents who answered the general questionnaire and were between age 50 and 64 reported monthly household incomes of less than $500.

---

[18] In Table 3.7, 9 per cent of those 65 years and over reported incomes lower than that guaranteed by government pension benefits (OAS, GIS, SIP). It is suspected that these respondents would correspond with those who have no proof of age because birth or baptismal records are missing, or that they may be respondents who do not handle their own money and thus are not aware of the amount they receive.

Table 3.8 shows the disposable incomes of the native elderly after their portion of rent, food, and utilities are paid. Approximately 30 per cent of those households sampled have less than $100 left to cover such items as clothing, transportation, medication, and recreation.

TABLE 3.8

TOTAL DISPOSABLE MONTHLY INCOME OF
SAMPLED INDIAN AND METIS ELDERLY HOUSEHOLDS
AFTER THEIR PORTION OF RENT, FOOD, AND UTILITIES ARE PAID

Disposable Monthly Income	% of Households South (n=212)	 North (n=47)
$100 or under	32.1%	27.7%
$101 to $250	26.4	31.9
$251 to $500	19.8	19.2
$501 to $750	12.3	17.0
$751 to $1,000	4.7	2.1
Over $1,000	4.7	2.1

3.6. CONCLUSION

In concluding this chapter, it is hoped that an appreciation has been gained of the limited educational, employment, and economic resources available to many of the sampled Indian and Metis elderly. Yet, despite all of this, the following profile, representing a composite of the lives of some of the poorest respondents, shows the generosity and sharing mentality which was so often apparent during the interviews:

SHE ONCE HAD TWO HOMES

Molly is a Non-Status Indian in her late 50's. She has been in the city for five years now and still she is homeless. A fire destroyed her last apartment a month ago. After sleeping outside in a park for three nights, a city worker found her and arranged for her stay at the YWCA. This last month she has lived at the YWCA and her few belongings are stored at her sister's house.

Molly does not speak of a husband but she talks quietly of the older sister who raised her after their parents died. Now ill, the sister also lives in the city. Molly would like to share an apartment with her sister but the daughter that her sister is living with refuses to let her go "possibly due to the pension being in the daughter's hands." As for Molly, she has lost touch with one of her two children and the other one she rarely sees. Originally from northern Alberta she speaks of a time when she travelled with her husband on the rodeo circuit and owned two homes. She now wears borrowed glasses and says, "I never was on welfare until I came to the city."

Molly wants to settle down. She does not like moving around. "I wonder if when I die my kids will even know about it." Although she shows no evidence of addiction, her circulation problems cause dizziness and the numbness in her legs causes her to stumble. She wonders how long she will be on her own. She says, "I never go to look around at them [nursing homes] ... If I needs it they can pick me up anytime. My kids would have to be notified because kids always come first."

For now, Molly spends her life living the way she remembers: "I just walk around, go sit on the bench by the library or go to the soup kitchen to talk to people ... go to the park to cook a meal there. Usually [when I] goes to the park I takes meat, hamburger, makes a fire outside, cook it on the fireplace ... and when I get lonely I take [a] bus to [the] outskirts of town and hitch a ride to the nearby reserve to visit and take groceries ... I feel sorry for the kids at the reserve."

Tonight Molly will sleep again at the "Y."

CHAPTER IV

LIVING ARRANGEMENTS OF THE INDIAN AND METIS ELDERLY

ANDREW IS A STATUS INDIAN IN HIS EARLY 50'S. TWO OF HIS NINE CHILDREN ARE DECEASED. ALTHOUGH HE AND HIS WIFE HAVE LIVED OFF-RESERVE FOR SEVERAL YEARS, THESE YEARS WERE SPENT IN A RURAL COMMUNITY WHERE ANDREW WORKED AS A FARMHAND. THIS PAST YEAR HAS BEEN PARTICULARLY DIFFICULT FOR ANDREW. HIS WIFE DIED THIS YEAR. SINCE HER DEATH HE HAS LIVED IN SIX DIFFERENT PLACES IN THE CITY AND HAS MOVED OUT TO THE RESERVE TWICE. ANDREW TOLD OF HIS STAYS IN TWO OLD RESIDENTIAL HOTELS IN A ROUGH SECTION OF THE DOWNTOWN.

RIGHT NOW ANDREW LIVES WITH TWO OF HIS THREE DAUGHTERS, A SON-IN-LAW, AND FOUR GRANDCHILDREN. AFTER HIS BASIC EXPENSES, ANDREW HAS APPROXIMATELY $60 A MONTH FOR HIS PERSONAL NEEDS. HE COLLECTS POP BOTTLES SO THAT HIS GRANDCHILDREN WILL HAVE SOME SPENDING MONEY. ANDREW CONTINUALLY REFERS TO HIS DESIRE TO FIND A HOME WHERE HE CAN LIVE BY HIMSELF BUT IS NOT SURE HOW TO GO ABOUT THE PROCESS BECAUSE BOTH HE AND HIS DAUGHTERS ARE ILLITERATE.

ANDREW DOES NOT OWN ANY FURNITURE. WHILE THE FAMILY RESPECT AND LOVE ANDREW AND HAVE GLADLY PROVIDED HIM WITH A BED, THE INTERVIEWER NOTES THAT ONE OF THE RESIDENTS IN THE HOME IS SLEEPING ON BLANKETS ON THE FLOOR. RIGHT NOW ANDREW IS NOT EATING WELL AS HE HAS NO GLUE FOR HIS FALSE TEETH. ANDREW'S TRUCK HAS NOT WORKED FOR SIX MONTHS AND HE NEVER GOES OUT TO VISIT FRIENDS OR RELATIVES. "ALL ARE TOO FAR." NO ONE OUTSIDE OF THE HOME HAS COME TO VISIT ANDREW IN THE LAST TWO WEEKS. ANDREW FEELS HE IS A NUISANCE. IF HIS GRANDCHILDREN'S FRIENDS ARRIVE, HE LEAVES THE HOUSE TO GO FOR A WALK.

ANDREW HAS HYPERTENSION. RECENTLY HE HAS STOPPED TAKING "THE PILLS" TO CONTROL HIS BLOOD PRESSURE BECAUSE "THEY DON'T MAKE ME FEEL GOOD." HE SAYS "IT SEEMS EVERYONE IS GOING MORE FOR THE WHITE-MAN'S MEDICINES. THEY FORGET ABOUT THEIR OWN."

ANDREW REMINISCES ABOUT BETTER TIMES: "LONG AGO ELDERS USED TO ENJOY THEMSELVES. THEY USED TO GET TOGETHER TO HAVE PARTIES ... THEY PLAYED CARDS, [AND] HAD TWO-LAYER CAKES FOR 25 CENTS. THERE WAS NO WINE [OR] LIQUOR. NOWADAYS THERE'S LYSOL, SMOKING, DOPING - EVEN WITH YOUNG CHILDREN."

AS FOR HIS FUTURE ANDREW SAYS:"AT TIMES I WALK THROUGH TOWN CRYING BECAUSE I HAVE NO HOME BASE. I FEEL THERE'S NO HELP ... THAT'S WHY I SIT OUTSIDE."

CHAPTER IV

LIVING ARRANGEMENTS OF THE INDIAN AND METIS ELDERLY

4.1. INTRODUCTION

There is no doubt that off-reserve Indian and Metis elderly, particularly those in the prepension age cohort of 50-64, have limited economic resources. Of the 291 households who gave information on income (north and south samples combined), only two (0.7%) reported incomes from saving or investment sources (Table 3.5). In comparison, for 1981, 28 per cent of the income of Canadian couples, age 65 and older, and 30 per cent of the income of older, unattached individuals came from investment sources (National Council of Welfare, 1984, Table 25, p. 42).

4.2. HOUSING TENURE

One of the largest saving investments for Canadian seniors is their home. This is clearly evident in figures released by the National Council of Welfare (1984, p. 57) which show that over 75 per cent of families, with household heads 65 years and older, and 40 per cent of older, unattached individuals own their accommodation. Over 85 per cent of these elderly home owners are mortgage-free and the equity in their homes accounts "for close to half of their net worth." Even when elderly households have incomes which are below the poverty line, 60 per cent of family households and one-third of unattached individuals own their homes (National Council on Welfare, 1984, p. 58).

Table 4.1 underscores the limited income and precarious housing situations of the sampled population of off-reserve Indian and Metis elderly. Fewer than 16 per cent of the households sampled in Regina, Saskatoon, Prince Albert, North Battleford, and Fort Qu'Appelle own their place of residence. In the south, home ownership is highest among the Metis (19%) and lowest among the Status Indians (13%).

In the north, as will be evident later in this analysis, the higher rate of home ownership (39%) appears to be reflective not as much of higher incomes, but of longer time in the community, less substantial dwelling units, and fewer available rental options.

TABLE 4.1

HOUSING TENURE, SAMPLED INDIAN AND METIS ELDERLY HOUSEHOLDS

	% of Households				% of South Households Where Respondent Age 65+	
	South (n=325)		North (n=51)		(n=133)	
Rent home (either by self or with others)	70.2%		52.9%		58.6%	
Rent room in home owned by a relative	2.8	>77.0%	5.9	>58.8%	5.3	>69.2%
Pay room and board to non-relative	4.0		0.0		5.3	
Home owned by self	15.1		39.2		15.8	
Pay no rent in home owned or rented by a relative	2.5		2.0		3.0	
Live in special care home	5.5		0.0		12.0	

In reviewing the tenure status of the native elderly, demographic and cultural considerations must also be made. For example, the average respondent surveyed had raised 6.2 children (not including grandchildren or foster children); clearly the impossibility of saving while supporting a large family on a marginal income is obvious.

There may also be a cultural disincentive toward home ownership. A Metis gentleman, in his early 70's, offers the following view:

> The value of property [for Indians] differs from non-Indian society. They [Indians] are a sharing group of people.

The importance of sharing appears to remain a valued aspect of native cultures as much now as it was a decade ago when Kirkness (1974, p. 195) observed:

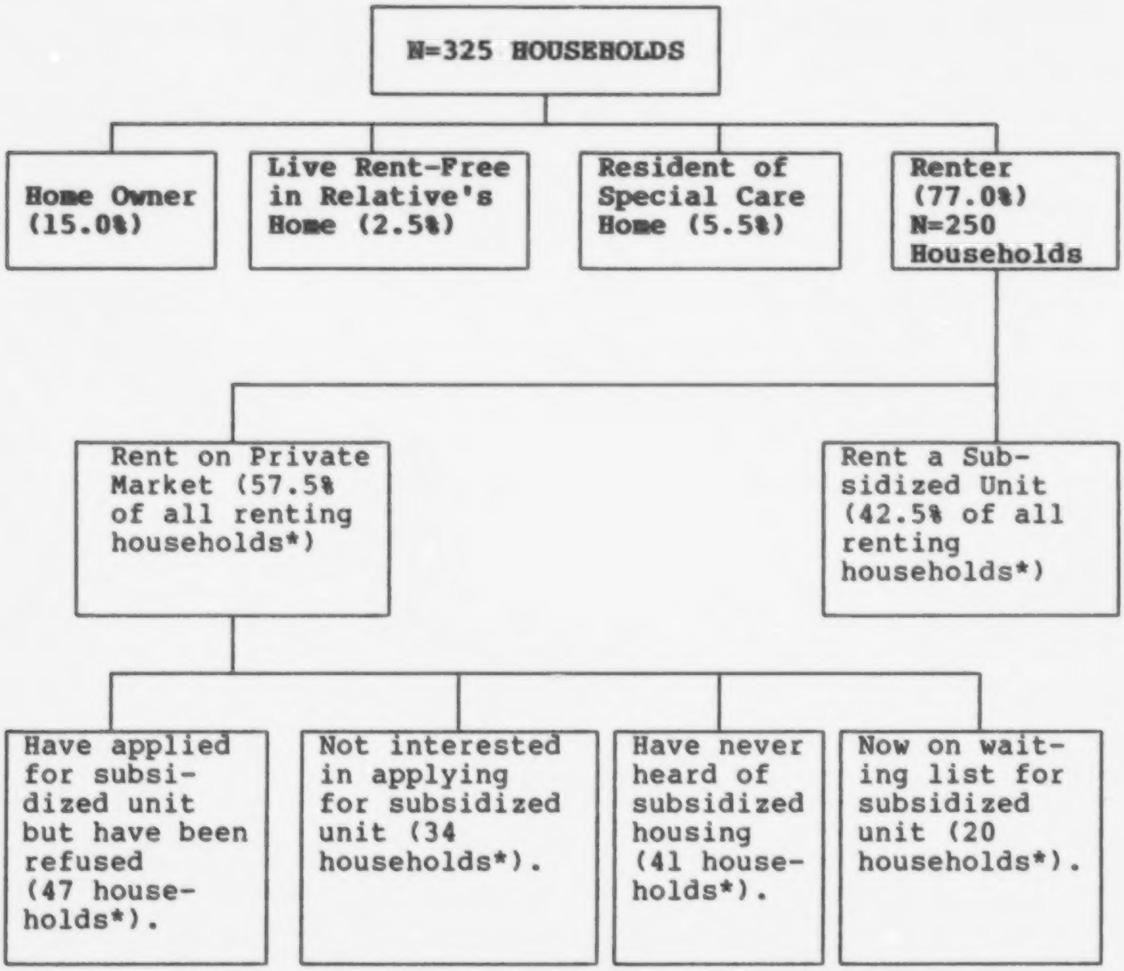
> The respected member of many Indian cultures is still the one who gives and shares his wealth with others ... When one family visits another, it is likely they will be given something to take home, such as some fresh buns, an article of clothing, or a set of bowls...

This indeed was an observation shared by many of the interviewers.

Table 4.2 presents a schematic overview of the tenure situations of the 325 households in the south. Almost 60 per cent of those that rent, do so on the private market; that is, they do not live in housing subsidized by the public or non-profit sectors. While some households who live in private rental units are not interested in living in subsidized housing, information provided during interviews shows that approximately one-third of those in private rentals have, in the past, applied for but been

TABLE 4.2

OVERVIEW OF LIVING ARRANGEMENTS, INDIAN AND METIS ELDERLY, SOUTH SAMPLE


N=325 HOUSEHOLDS
Home Owner (15.0%)
Live Rent-Free in Relative's Home (2.5%)
Resident of Special Care Home (5.5%)
Renter (77.0%) N=250 Households
Rent on Private Market (57.5% of all renting households*)
Rent a Subsidized Unit (42.5% of all renting households*)
Have applied for subsidized unit but have been refused (47 households*).
Not interested in applying for subsidized unit (34 households*).
Have never heard of subsidized housing (41 households*).
Now on waiting list for subsidized unit (20 households*).

* These estimates were calculated using information from household interviews. Respondents were allowed more than one answer.

refused subsidized housing.[19] Almost 30 per cent of those renting privately have never heard of subsidized housing and the sampled Status Indians were three times as likely as the Metis to lack knowledge of the local Housing Authority.[20]

In the south, the sample size is large enough to allow a further breakdown in living arrangements. A higher proportion of households with respondents who are age 65 or older are living in subsidized units than are younger households (Table 4.3).

TABLE 4.3

PERCENTAGE OF RENTAL HOUSEHOLDS IN NON-PROFIT, PUBLIC, AND PRIVATE SECTOR HOUSING, SAMPLED INDIAN AND METIS ELDERLY HOUSEHOLDS

	% of Rental Households		% of South Rental Households Where Respondent Age:	
Agency Renting From	South (n=239)	North (n=29)	50-64 (n=146)	65+ (n=92)
Local Housing Authority	14.2%	58.6%	8.2%	23.9%
Non-profit corporation	23.8	3.4	18.5	31.5
Indian Affairs, Dept. of Northern Affairs	0.8	13.8	1.4	0.0
Mission, Salvation Army, other	3.3	0.0	4.1	2.2
Private landlord	57.7	24.1	67.8	42.4

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[19] Ineligibility for subsidized housing either through the public or non-profit sectors can be defined, for example, by lifestyle factors (i.e. alcoholism or frail health) or by age (i.e. too young to qualify for seniors' units) or by lack of a dependent child necessary to qualify for a family unit. Others who still own homes on reserves or in another community may also be disqualified.

[20] The north sample was too small to run cross-tabulations so throughout this report it should be noted that cross-tabulations apply only to the south sample. Also, some of the comparisons of subpopulations include only Status Indians and Metis because the number of Non-Status Indian elderly, who answered specific questions, was often too few for cross-tabulation.

4.3. LIVING ARRANGEMENTS

> **"A very independent person, she would never go to a home where grandchildren are not accepted. [She has] very strong family ties. While interviewing her, one of her grandchildren, a boy of 18, came to pick her up for supper and also to take her for a drive into the country. She has great respect for people - she told her grandchild [that] she could not leave until I [the interviewer] was satisfied with what I was doing."**
>
> (Interviewer's Observation)

Data collected on living arrangements indicate that the native elderly in the south are as likely to live alone as are other Saskatchewan seniors. In the south, approximately 24 per cent of the non-institutionalized respondents (28% of those age 65+) live alone. These figures compare with the 27 per cent of the general senior population of Saskatchewan who were living in one person households in 1981 (Senior Citizens' Provincial Council, 1983, Vol. 3, p. 5). In the north the propensity to live in single-person households is much lower and accounts for only 12 per cent of the sample.

Living alone can be particularly difficult for someone with a low income and may increase the risk of loneliness, transportation problems, and lack of assistance in daily living. In the south, 43 per cent of the respondents who live alone and who gave income information (n=58) reported annual incomes of less than $6,000. A further 43 per cent of these single-person households had incomes falling between $6,000 and $9,000 a year. The Canadian Senate Report on Poverty (December, 1987) set the poverty line for single-person households in 1986 at $9,930. Given this information, 86 per cent of the native elderly in the south, who live alone and who gave income information, fell below the Senate Committee's poverty line.

In contrast to the general senior population, the native elderly in the current study, who are not living alone, are more likely to live in an extended family as opposed to a nuclear family arrangement[21] (Table 4.4). Almost four out of every ten respondents in the south and six out of ten in the north live in extended families.

TABLE 4.4

PERCENTAGE OF SAMPLED INDIAN AND METIS ELDERLY IN PRIVATE HOUSEHOLDS* BY FAMILY TYPE

Family Type	% of Households South (n=311)	 North (n=51)
Extended family	38.6%	61.0%
Nuclear family	32.5	26.0
Single person household	28.3	12.0
Two or more unrelated persons	0.6	0.0

* Only non-institutional households are included.

Tables 4.5 through 4.7 present data on the household composition of the sampled population. In only 4 per cent of non-institutionalized households are there more than two elderly persons living together. Most commonly, Indian and Metis elderly live in a home with their children and/or grandchildren. As a result, 42 per cent of the south households and 63.5 per cent of the north households contain a child under 17 years of age. This may well have influenced the demand for services for children as shown in Table 3.3, Chapter III. In the south, elderly native women (29%) are more likely than elderly native men (18%) to live in a home with grandchildren. If family situations of the native elderly in the south are examined by subpopulation, then 31 per cent of the Status Indians are living in a home with grandchildren in contrast to 16.7 and 16.8 per cent of the Non-Status Indians and Metis, respectively.

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[21] A nuclear family has been defined, for study purposes, as a husband and wife living together, with or without unmarried children. It may also include two unmarried siblings who live together or single parents living with their unmarried children.

Extended families are usually multigenerational and in most instances include the grandchildren and/or married children of the respondent. They may also include relatives such as cousins, nephews, and nieces. In a few cases, they may include a nuclear family living with one or more unrelated persons or with another nuclear family.

TABLE 4.5

NUMBER OF PEOPLE, AGE 50 AND OVER, IN PRIVATE HOUSEHOLDS OF SAMPLED INDIAN AND METIS ELDERLY

Number in Household Age 50 and Over	% of Households South (n=309)	% of Households North (n=52)
One	64.4%	65.4%
Two	32.0	32.7
Three	3.2	1.9
Four	0.4	0.0

TABLE 4.6

LIVING ARRANGEMENTS OF SAMPLED INDIAN AND METIS ELDERLY HOUSEHOLDS

Living Arrangements*	% of Households South (n=327)	% of Households North (n=52)	% of South Households Where Respondent Age 65+ (n=132)
Lives alone	23.5%	11.5%	28.0%
Lives with spouse	34.6	42.3	31.8
Lives with children	42.2	53.8	31.1
Lives with grandchildren	24.5	44.2	25.0
Lives with other relatives	7.4	5.8	4.5
Lives with non-related people**	8.0	0.0	12.1

* These categories are not mutually exclusive. For example, a respondent would be counted in both spouse and children categories if they live with both their spouse and their children. Only the responses of the first respondent in each household have been included.

** Includes persons who live in institutions.

TABLE 4.7

PERCENTAGE OF HOUSEHOLDS OF SAMPLED INDIAN AND METIS ELDERLY HAVING CHILDREN UNDER AGE 17

Number of Children Under Age 17 in Household	% of Households South (n=324)	% of Households North (n=52)	% of South Households Where Respondent Aged 65+ (n=132)
None*	58.0%	36.5%	70.4%
One	16.4	28.8	8.3
Two	12.3	15.4	11.4
Three	7.4	5.8	5.3
Four to six	5.2	11.5	4.6
Seven to nine	0.3	1.9	0.0
Ten or greater	0.3	0.0	0.0

* Includes those in institutions.

The popularity of the extended or multigenerational household is important when considering subsidized housing options. The majority of the 53 (60%) households in the south, who live in subsidized housing and having the first respondent age 65 or older, live with either their children or grandchildren. In contrast, 90 per cent of the seniors in Saskatchewan, who lived in public housing in 1983, were living alone (Saskatchewan Housing Corporation, 1983). Recognition of this trend is important for the design of subsidized housing units for the older Indian and Metis population.

The existence of the extended family and of the large number of children in native families, has an impact on the household sizes of the native elderly. Some 10 per cent of the households in the south and 25 per cent in the north contain seven or more people (Table 4.8).

TABLE 4.8

NUMBER OF PEOPLE IN NON-INSTITUTIONALIZED HOUSEHOLDS, SAMPLED INDIAN AND METIS ELDERLY

Number of People in Household	% of Households		% of South Households Where Respondent Age 65+
	South (n=306)	North (n=52)	(n=118)
One	24.8%	11.5%	30.5%
Two	24.2	25.0	27.1
Three	15.0	9.6	12.7
Four to six	26.1	28.8	20.3
Seven to nine	8.5	19.3	8.5
Ten or greater	1.4	5.8	0.9

4.4. HOUSING UNIT TYPE, CURRENT AND PREFERRED, AND STATE OF REPAIR

The data presented so far indicate that native elderly have large household sizes with significant numbers including young children, either their own, foster children, or, in an extended family situation, their grandchildren. Given this trend, it is not surprising that when questioned on their choice of subsidized housing, preference was given to single detached homes and other ground level units such as townhouses and duplexes (Table 4.9).

TABLE 4.9

TYPE OF SUBSIDIZED HOUSING UNITS PREFERRED, SAMPLED INDIAN AND METIS ELDERLY

Type of Unit Preferred	% of Respondents*	
	South (n=346)	North (n=52)
Single detached home	51.7%	32.7%
Townhouse/duplex	12.7	9.6
Lowrise apartment	14.2	25.0
Special care home	11.3	11.5
Highrise apartment	5.5	1.9
Rooming house/hostel	4.0	7.7
No, I will never need a subsidized unit	3.8	9.6
Other	0.6	1.9

* More than one response was allowed.

While many respondents are already living in ground-oriented units (Table 4.10), the state of repair of some of the units is questionable (Table 4.11). Although only one in every 14 respondents (7%), north and south, live in a basement unit or have their bedroom in the basement, respondents spoke often of housing discomforts. One-half of the respondents in the south and 78 per cent in the north complained that their unit is too hot or cold, damp, dark, or draughty. In the north, 4 per cent are without electricity and 10 per cent do not have a complete kitchen including a fridge, stove, and sink. Twelve per cent of the households in the south and 25.5 per cent in the north have at least one major appliance that is in need of repair. In sum, at least a quarter of the households sampled in the south and over

TABLE 4.10

CURRENT DWELLING UNIT TYPES, SAMPLED INDIAN AND METIS ELDERLY HOUSEHOLDS

Housing Type	% of Households South (n=332)		% of Households North (n=47)	
Bungalow	44.0%	>57.6%	68.1%	>83.0%
1½ to 2 Storey home	13.6		14.9	
Lowrise apartment	11.1		4.3	
Duplex/townhouse	10.5		10.6	
Highrise apartment	6.0		0.0	
Apartment in house structure	5.7		0.0	
Large institutional nursing home	3.6	> 5.7	0.0	
Small private care home	2.1		0.0	
Boarding house	1.8		0.0	
Hotel	1.2		0.0	
Camper truck	0.3		0.0	
Mobile home	0.0		2.1	

TABLE 4.11

HOME REPAIRS NEEDED BY SAMPLED INDIAN AND METIS ELDERLY HOUSEHOLDS, RENTERS AND OWNERS

Repairs Needed	% of Households South (n=296)	% of Households North (n=51)
Doors, screens, and/or windows	24.9%	56.9%
Walls, floors, and/or ceilings	24.1	62.7
Interior painting	15.2	33.3
Plumbing	13.9	23.5
Exterior painting and/or stucco	13.1	33.3
Electrical	12.8	14.6
Basement, foundation	12.2	8.0
Porch, railing, walkway, and/or fence	8.4	29.4
Furnace and/or water heater	6.1	20.0
Roof and/or chimney	4.7	27.5
Shingles	3.7	15.7
Stairs	1.0	6.1
Yard work (major)	1.0	4.1
Wood stove	0.0	14.3
Other	6.6	14.3

one-half sampled in the north live in dwelling units which require repairs. A few observations from the interviewers suffice to demonstrate the conditions of some of the worst housing:

> "The electrical outlets are few with a lot of extension cords dangling dangerously from the ceiling with three fixtures on one cord."
>
> "There are no locks on doors or windows. She has to put knives and forks in the doorways [to feel secure] ... in the winter she has to put blankets on the windows and doors."
>
> "He was very upset when I walked in. It appears that the electricity in his rented house had ceased to operate. He received an electric shock on Saturday. He was in the bathroom washing his hands. Apparently he reached over to touch the switch off when he received the shock. That was when a certain part of the home's electricity came off. He has been after the landlord to fix it but he's never bothered. He was on his way out to see his family worker to do something about it."
>
> "In the spring the sewer backs up and then it's wet ... the manager says we have to pay if we want it painted or want anything fixed. When drunks kick the windows from the outside [it's a basement suite in an old house] we have to pay to get them fixed."

In a northern community a respondent in her late 60's comments on her home which was constructed in 1972:

> "It took quite awhile to wait for [this] house to be built but I didn't realize it was going to be so expensive. It's supposed to be $150 [a month] but I haven't paid for a long time. I don't care if they throw us out. A tree, which was struck by lightening, fell and hit our house and now it's off the foundation." [The interviewer writes: "The ceiling is starting to come down because of leaking, windows are cracked where the tree hit. The stove doesn't work - it's a small hotplate."]

4.5. NEED FOR HOUSING MAINTENANCE SERVICE

Despite the state of disrepair of many of the homes surveyed, few households are using any type of home maintenance service. Table 4.12 shows that of approximately 300 private households in the south, only nine are currently using indoor maintenance services, usually through Home Care. Further, only four of the 226 households in the south, who live in homes with ground orientation, are using outdoor maintenance services. As can be seen from the table many more desire these services as their present home maintenance needs cannot be met by themselves or the people they live with.

TABLE 4.12

CURRENT USAGE AND NEED FOR HOUSING MAINTENANCE SERVICE BY SAMPLED INDIAN AND METIS ELDERLY HOUSEHOLDS

INDOOR MAINTENANCE

District	Total Households*	Households Currently Receiving Service	Households Needing Service But Not Receiving
South	N=300	3.0%	20.0%
North	N=52	7.7	59.6

OUTDOOR MAINTENANCE

District	Total Households With Ground Orientation**	Households Currently Receiving Service	Households Needing Service But Not Receiving
South	N=226	1.8%	16.4%
North	N=45	0.0	15.6

* The total number of households sampled has not been adjusted to exclude those living in subsidized units where a maintenance service is included. In most of these situations the respondent is responsible for such maintenance as snow clearance and lawn cutting and may also require indoor maintenance or housekeeping services.

** Estimate made by using data on current dwelling unit types.

4.6. THE COST OF HOUSING

Although almost 40 per cent of the Indian and Metis elderly in the south live in extended family households, close to 90 per cent make a monthly payment toward either rent or mortgage (Table 4.13). In the north, monthly housing costs are substantially less than in the south and as many as 36 per cent of the elderly households have no rent or mortgage payments. No doubt the higher proportion of home ownership in the north is a major influence on these statistics, however other reasons for low housing payments in the north were evident:

> "It's supposed to be $152 but we haven't paid for a long time."
>
> "My brother and I are supposed to pay half [the rent] each but he won't pay so they said as long as I pay at least $60 [a month] I can keep the house."

TABLE 4.13

MONTHLY RENT OR MORTGAGE PAYMENT OF SAMPLED
INDIAN AND METIS ELDERLY LIVING IN PRIVATE HOUSEHOLDS*

Monthly Rent/Mortgage	% of Households South (n=294)	% of Households North (n=50)
No payment	12.2%	36.0%
Less than $100	10.9	14.0
$100 to $200	23.5	42.0
$201 to $300	17.7	4.0
$301 to $400	20.1	0.0
$401 to $500	12.9	4.0
Over $500	2.7	0.0

* In the case of elderly who share the rent with other household members, these statistics show only the portion of the rent or mortgage paid for by the elderly respondent and their spouse.

4.7. UTILITY COSTS

> **"The teacher's husband from the mission school calls me grandpa and he brings me water in that plastic pail."**
>
> (An elderly native gentleman living alone in the north.)

The advantages of debt-free home ownership in the north are greatly offset by high utility costs, with over 40 per cent of the households in the north reporting average monthly utility costs in excess of $150. In comparison only 15 per cent of the households sampled in the south paid this much (Table 4.14).

Forty-one per cent of the households sampled in the north (n=49) do not have indoor running water. Of the 20 households who do not have running water, eight are paying to have water delivered, two others desire this service but are not receiving it, and the other ten have been successful at making informal arrangements for water delivery.

In the north, one in three sampled households is without central heating and many others depend upon wood stoves as an auxiliary source of heat. Few informal arrangements are available with respect to fuel for the wood stoves in the north and it appears to be a much more critical problem than water delivery. Four (7.7%) households are paying for wood delivery and 19 others (36.5%) are not managing well with their informal delivery arrangements and indicate a need for this service. Dependency on heating by wood stove is evident even by a gentleman in the north living in a modern apartment with electric heat. He desires a wood stove to alleviate the dampness and his fear that he would freeze if there were a power outage.

TABLE 4.14

MONTHLY UTILITY PAYMENTS* OF SAMPLED INDIAN AND METIS ELDERLY LIVING IN PRIVATE HOUSEHOLDS

Monthly Utility Payments	% of Households South (n=287)	North (n=50)
No payments or utility payments included in rent	23.0%	26.0%
Less than $50	16.4	4.0
$50 to $100	22.0	16.0
$101 to $150	23.0	12.0
Greater than $150	15.3	42.0

* If a household utility bill is shared with others, the amount shown includes only the portion paid by the elderly respondent and his/her spouse.

4.8. CONCLUSION

In conclusion, this chapter has shown a number of factors which significantly affect the living arrangements of the Indian and Metis elderly. Two family situations predominate; first, that of the low income elderly person living alone and, second, the multigenerational family, pooling resources to survive. Few native elderly own their homes and many are dependent upon obtaining rental accommodation on the private market. Thus it would appear that initiatives to improve the housing situation of the Indian and Metis elderly must go beyond those provided by the public and non-profit sectors and include provisions which will affect the standards of private rental units.

CHAPTER V

MOVING AND MIGRATION HISTORIES, AND HOUSING SATISFACTION OF THE INDIAN AND METIS ELDERLY

"AFTER MY HUSBAND DIED, I MOVED TO THE CITY FROM [THE FAR NORTH]. I COULD HAVE STAYED UP THERE BUT ALL THE PEOPLE AND A LOT OF FRIENDS WERE MOVING AWAY. I SAID TO MYSELF AND TO MY DAUGHTERS THAT I WOULD STAY. IT WAS WELL AND GOOD.

THE MINE [THEN] SHUT DOWN AND MY SON-IN-LAW LOST HIS JOB AND WAS SENT HOME. WE WERE CUT OFF FROM THE MINE TO MAKE MONEY FOR OURSELVES. WE WERE NOT THE ONLY ONES ... LOTS OF PEOPLE ... MAYBE THE WHOLE TOWN.

WE LOST OUR GROCERY [STORE]. WE HAD TO GO A LONG WAY TO GET GROCERIES. THE STORES SHUT DOWN AND THE DOCTORS MOVED OUT. THE DENTIST STOPPED COMING AND THE PEOPLE STARTED MOVING OUT."

CHAPTER V

MOVING AND MIGRATION HISTORIES, AND HOUSING SATISFACTION OF THE INDIAN AND METIS ELDERLY

5.1. INTRODUCTION

A change of residence can be stressful at any age, but particularly so in later years when declining physical health and mobility are more prevalent. Relocation has the potential to sever lifelong friendships and ties with community. If living space is downsized, parting with possessions can have an emotional impact and "can contribute to loss of continuity with life history and loss of sense of self or identity" (McCracken, 1987, p. 14).

Frequent changes of residence can also hamper linkage and communication with social welfare and service agencies, a point which is particularly important when studying service delivery to the native elderly (Bell et al, 1976, p. 188).

While the tendency of older people to move less is a generally recognized trend, mobility of the elderly is a topic which has not received much attention by researchers (Wai and Beaujot, 1982, p. 43).[22] In particular, little study has been made of the motivations behind the moves of the elderly (Kii, 1984, pp. 426, 427).

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[22] In an overview of mobility studies on the elderly through the 1960's and 1970's, Wai and Beaujot (1982, pp. 43-45) discuss two theoretical bases of migration. First is the "Integration Approach" which concludes that older people move less because they are more integrated into the community through family, friends, housing investments, commitments to social organizations, and so forth. A second approach focuses on the economics of mobility. Seniors may move for various financial reasons including the need to lower their cost of living.

Like many low-income people, urban native households have been found to have relatively high mobility rates. This trend is influenced by poorly maintained low-rent housing, neighbourhood problems, demolitions, and evictions, among other reasons (Sorkin, 1978, p. 72). The City of Regina Planning Department (1984, pp. 13, 14) surveyed a number of inner city schools having high native populations. The 1982-83 migration rates for families attending these schools were then compared with those of families whose children attended suburban schools having few native students. Results showed, for example, that an inner city school with an enrollment representing 200 families (of which an estimated 65 per cent of the students were native) had 290 family moves in and out of the school during the course of the year. Sixty-seven per cent of the moves were within the city itself. In comparison, a suburban school, whose students represented 246 families (of whom only 1 per cent of the students were native) recorded only 61 family moves during the same school year. Only 38 per cent of these moves were within the City of Regina. The inner-city families, having high native representation, appeared to be readjusting their housing within the city at a much greater rate than the non-native suburban families.

In the current study, data provided in Chapter II (Table 2.6) alluded to the high mobility of the target population. This is evidenced in the failure to locate a large percentage of respondents whose names and addresses were supplied by various organizations. The purpose of the present chapter is to evaluate the moving patterns of the sampled Indian and Metis elderly and to discern the relationship of these moves to housing satisfaction and living arrangements.

5.2. LENGTH OF TIME IN THE COMMUNITY

> **"[When I first came to the city] Metis workers used to come and visit me - just to talk. They've gone ... [I] enjoyed talking to them."**
>
> (Lonely Native Woman, in City 6-10 Years)

Approximately one-fifth (19.5%) of the native elderly in the south can be classified as recent migrants to the community or residents for two years or less (Table 5.1). In contrast, only 8 per cent of the households in the north have been in their community for less than two years.

A further analysis of the southern data indicates that time in the community is highly variable between native subpopulations. Thirty-nine per cent of the elderly Status Indians have been in the community ten years or longer as compared with 57 per cent of Non-Status Indians and 68 per cent of Metis.

TABLE 5.1

LENGTH OF TIME SAMPLED INDIAN AND METIS ELDERLY
HAVE LIVED IN THE COMMUNITY/CITY

Length of Time in Community/City	% of Respondents* South (n=328)	North (n=50)
Under one year	12.8%	0.0%
One to two years	6.7	8.0
Three to five years	14.9	4.0
Six to ten years	15.5	6.0
Ten to twenty years	18.3	12.0
Over twenty years	31.7	70.0

* The moving history of only the first respondent in each household was included.

5.3. LENGTH OF TIME IN CURRENT HOME

Even though less than 20 per cent of the south sample might be classified as recent migrants to the community, the sampled population shows significant mobility within the community itself. Over one-third (35%) of the respondents in the south have been in their homes for less than a year, 55 per cent less than two years, and 72 per cent have changed residences at least once in the last five years (Table 5.2). Frequent changes of address have implications for issues of service delivery and for government programming. Care must be taken to ensure that government policy is not only oriented towards the recently migrated native but also towards longer-term urban native residents who continue to undergo residential stress and transition (Clatworthy and Hull, 1983, p. 6).

TABLE 5.2

LENGTH OF TIME IN PRESENT HOME,
SAMPLED INDIAN AND METIS ELDERLY

Length of Time in Current Home	% of Respondents* South (n=327)	% of Respondents* North (n=50)
Under one year	35.8%	18.0%
One to two years	20.2	6.0
Three to five years	16.8	16.0
Six to ten years	12.5	24.0
Ten to twenty years	8.0	22.0
Over twenty years	6.7	14.0

* The moving history of only the first respondent in each household was sampled.

The native elderly in northern Saskatchewan are less apt to change residences. Only 18 per cent have been in their homes for less than a year and 40 per cent for less than five years. No doubt the problems of the native elderly in the north are as serious, if not more serious, than those in the south. However, the stability of the respondents in the north should serve to assist in the compilation of accurate projections of need by location.

Table 5.3 portrays the movement rates of the sampled native elderly and the Saskatchewan population over five year periods. Approximately 75 to 78 per cent of Saskatchewan residents, age 45 and older, did not change dwelling units in the five year period preceding the 1981 Census. In contrast, 60 per cent of the north sample of Indian and Metis elderly and only 27 per cent of the south sample had been in the same dwelling unit five years prior to the current survey.

TABLE 5.3

MOVEMENT RATES IN A FIVE YEAR PERIOD, SAMPLED INDIAN AND METIS ELDERLY* VERSUS SASKATCHEWAN POPULATION

	% Who Moved Only Within Community in 5 Year Period	% Who Migrated Between Communities in 5 Year Period	% Who Did Not Move in 5 Year Period
Indian and Metis elderly south (n=327)	38.3%	34.5%	27.2%
Indian and Metis Metis elderly north (n=50)	28.0	12.0	60.0
Saskatchewan population age 65+**	12.8	9.1	78.1
Saskatchewan population age 45-64**	13.9	10.9	75.2

* Only the moving history of the first respondent in each household was sampled.

** Statistics Canada (1983), 1981 Census of Canada, Population, Mobility Status, Cat. 92-907, Vol. 1, p. 1-28.

5.4. REASONS FOR MOVING, SOUTH SAMPLE

> **"[The home] looks as though someone had begun to work on it and left it. One door is boarded shut. There are frames exposed on walls where there should be wallboard. Three of the four windows are half boarded up ... There's a bed in the living room ... the respondent sleeps in the basement."**

Ninety of the households sampled in the south, who changed residence in the year preceding the interview, gave reasons for their moves (Table 5.4). Approximately 21 per cent of these households cited a unit that was physically uncomfortable or ill-suited to their needs. The other three significant reasons for moves in the last year were neighbourhood or social problems (17.8%), desire to follow children (17.8%), and the need to increase proximity to services (16.7%).

At the time of the survey, 139 of the households in the south indicated that they desire to move in the future. The similarity in the percentage 'who moved last year' (35%) and the percentage 'who now desire to move' (36.7%) is quite striking. Variations occur across subpopulations with 44 per cent of Status Indian households desiring to move in contrast to 31 per cent of the other two groups. Again, the physical unit (either its discomfort or the want of a nicer home) were the dominant reasons for desiring to move. The evidence that a significant proportion of the native elderly are continually adjusting their housing situation is not entirely surprising given that in many instances moves are involuntary. It would make sense that households who choose to move adjust more easily than those who are forced to move and George (as cited in McPherson, 1983, p. 307) concludes that the most satisfied movers tend to be those who have higher levels of education, socio-economic status, and health all of which facilitate positive adjustment in their new environment.

TABLE 5.4

REASONS* FOR MOVES OVER THE LAST YEAR IN COMPARISON TO REASONS RESPONDENTS NOW DESIRE TO MOVE, INDIAN AND METIS ELDERLY HOUSEHOLDS, SOUTH SAMPLE

Reason	% of Households** Who Moved Last Year (n=90)	% of Households** Now Desiring to Move (n=117)
Unit physically uncomfortable	21.1%	25.6%
Neighbourhood or social problems	17.8	10.3
To follow children	17.8	5.1
Health reasons, to be closer to services	16.7	7.7
House sold/torn down/ landlord problem	10.0	1.7
Rent/mortgage too high	10.0	6.8
Want nicer house	7.8	25.6
Prefer reserve, country life	2.2	16.2
Do not like community	2.2	6.0
Other	11.1	4.3

* More than one response allowed.

** Only first respondent in each household sampled.

As housing or locations which are ill-suited to the respondent's needs are dominant themes in the desire to move, it is revealing to look at the method by which the residential units were located in the first place. Case studies have shown that the financial status of a household is an important factor in determining the sources a household will use in a residential search (Osbaldeston Troyer, 1980; Barrett, 1973; Herbert, 1973; and Rossi, 1955). Households with lower incomes have less ability to pay rent and thus are more spatially restricted. They also have a greater tendency to use informal sources such as 'word of mouth' as opposed to formal real estate agencies and newspaper advertisements. In doing so, they greatly narrow their potential choice of housing.

Table 5.5 categorizes the sources through which the rental households in the south located their units. Only 11.9 per cent located their dwelling through a newspaper advertisement and 2.7 per cent used a non-subsidized housing (real estate) agency.[23] Fully 41 per cent of the renting households moved in with a relative or heard of their rental unit through a friend or family member. In relying on friends and relatives for the residential search, it is hypothesized that the chance of passing a substandard dwelling unit from one native family to the next may be greatly enhanced.

While 84.7 per cent of the south sample are satisfied with their community, there is a direct correlation between satisfaction with life in the community and desire to move. Of those who are satisfied with life in the community, some 34 per cent want to move from their present residence. Of those respondents who are dissatisfied with life in the community, 62 per cent desire to change residences. More than half of those who are dissatisfied with the community simply state that they prefer life in a rural setting.

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[23] In comparison, Osbaldeston Troyer (1980) found 31 per cent of the general rental population in Regina located their unit through the newspaper and 7 per cent successfully used a real estate agency.

TABLE 5.5

SOURCE* THROUGH WHICH RENTAL UNIT FOUND, INDIAN AND METIS ELDERLY, SOUTH SAMPLE

	% Rental Households (n=219)
Went to non-profit housing corporation	25.6%
Went to local Housing Authority	9.6
Went to real estate agency	2.7
Trustee or Department of Veterans' Affairs helped	5.9
Other (Metis Society, Friendship Centre, or District Chief's Office)	3.7
Word of mouth	16.0
Relative or friend found it for them	11.4
Moved in with relative or friend	13.2
Newspaper advertisement	11.9
Irrelevant response	4.6

* A small percentage gave more than one source.

Other factors found by researchers to influence residential mobility among the elderly include housing tenure and marital status. Renters have been shown to be more mobile than home owners and "those who are married and living with their spouses are less mobile than those who are widowed, divorced, or single" (Wai and Beaujot, 1982, p. 45). In this respect the population of native elderly in the south present a double risk for high mobility. As shown in Chapter IV (Table 4.1), only 15 per cent of the sample are home owners and Table 5.6 indicates that in the south over 60 per cent of the native elderly are either single, widowed, separated, or divorced.

TABLE 5.6

COMPARATIVE MARITAL STATUS, SAMPLED INDIAN AND METIS ELDERLY* VERSUS SASKATCHEWAN POPULATION

	Indian and Metis Elderly Respondents			Sask. Population	
Marital Status	Total North (n=53)	South Age 65+ (n=136)	South Age 50-64 (n=201)	Age 65+**	Age 55-64**
Single, never married	0.0	8.8%	11.9%	8.6%	8.3%
Married	45.3%	34.6	39.8	57.5	80.3
Widowed	47.2	46.3	19.9	32.6	8.9
Divorced, separated	7.6	10.3	28.4	1.3	2.4

* Only marital status information from the first spouse interviewed in a household is included here to avoid overweighting the "married" category.

** Senior Citizens' Provincial Council (1983), pp. 28, 33.

5.5. AN ANALYSIS OF MOVEMENTS FROM RESERVES TO URBAN CENTRES, SOUTH SAMPLE

In the present study, 220 (67%) of the 328 respondents in the south, who answered the general questionnaire, had at one time lived on a reserve.[24] This includes 98 per cent of Status Indians, 56 per cent of the Non-Status Indians, and 18 per cent of the Metis.

5.5.1. REASONS FOR LEAVING THE RESERVE

Very few (9%) of the respondents interviewed, who had once lived on a reserve, left the reserve for an extended stay in the city before the age of 20. The majority left the reserve to seek employment or to escape family, social, or personal problems (Table 5.7).[25] Thus, 54 per cent of the migrations from the reserve occurred during peak years for employment when the respondents were 20 to 49 years of age. These younger adult migrations may also correspond to off-reserve marriages and the need for a family home. There is also a significant percentage of migrations

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[24] In the north, only 17 respondents who answered the general questionnaire had once lived on a reserve, a figure too small to run significant cross-tabulations. Seventy-one per cent of these respondents left the reserve before the age of 35 and about half hope, one day, to again take up permanent residence on the reserve.

[25] Other studies on the migration of Indian people, from reserve to city, have found employment to be the dominant reason for migration (Clatworthy and Hull, 1983, p. 40; Nagler, 1973, p. 17; Baker 1982, p. 53; and Johnston, 1981, p. 109). On-reserve employment opportunities have not kept pace with the demands of a growing population. In 1980 only 42 per cent of on-reserve Status Indian men and 22 per cent of the women were employed (Statistics Canada, 1984).

(33%) occurring at age 50 and older and it is hypothesized that these late migrations may correlate largely to failing health (and the need for special services) as well as the desire to be closer to other members of the family who have already migrated.

TABLE 5.7

REASONS FOR LEAVING THE RESERVE, INDIAN AND METIS ELDERLY, SOUTH SAMPLE

PUSH FACTORS

Reason	Frequency*	% of All Reasons
Failing health	44	18.3%
Family, social, personal problems	38	15.8
Poor physical condition of home	24	10.0
Married non-Indian or someone off the reserve	18	7.5
Lack of a home	18	7.5
Enfranchised, asked to leave reserve	10	4.1
Other	10	4.1
Total Push Factors	**162**	**67.3%**

PULL FACTORS

Reason	Frequency*	% of All Reasons
Seek employment	49	20.3%
To be closer to family	14	5.8
For education or training	7	2.9
Joined Armed Forces	2	0.8
Other	7	2.9
Total Pull Factors	**79**	**32.7%**

* Respondents were allowed to cite more than one reason for leaving the reserve.

5.5.2. PROXIMITY OF RESERVE TO COMMUNITY WHERE RESPONDENT IS NOW RESIDING

An analysis of the locations of the reserves on which the respondents once lived shows that over 60 per cent of the reserves are within 100 kilometers of the community in which the respondent has now settled (Table 5.8). Figures 5.1 to 5.3 further illustrate the migrations of respondents to the communities of Saskatoon, Regina, North Battleford, Prince Albert, and Fort Qu'Appelle.[26] Movement from the reserves appears to be largely to the nearest city. Saskatoon, however, appears to attract migrants from a greater distance than do the other centres. The close proximity of many of the home reserves has implications for increasing the potential for movement and interaction of the native elderly between the reserve and city.

TABLE 5.8

DISTANCE OF RESPONDENT'S HOME RESERVE FROM THE CITY THEY NOW RESIDE IN, INDIAN AND METIS ELDERLY, SOUTH SAMPLE

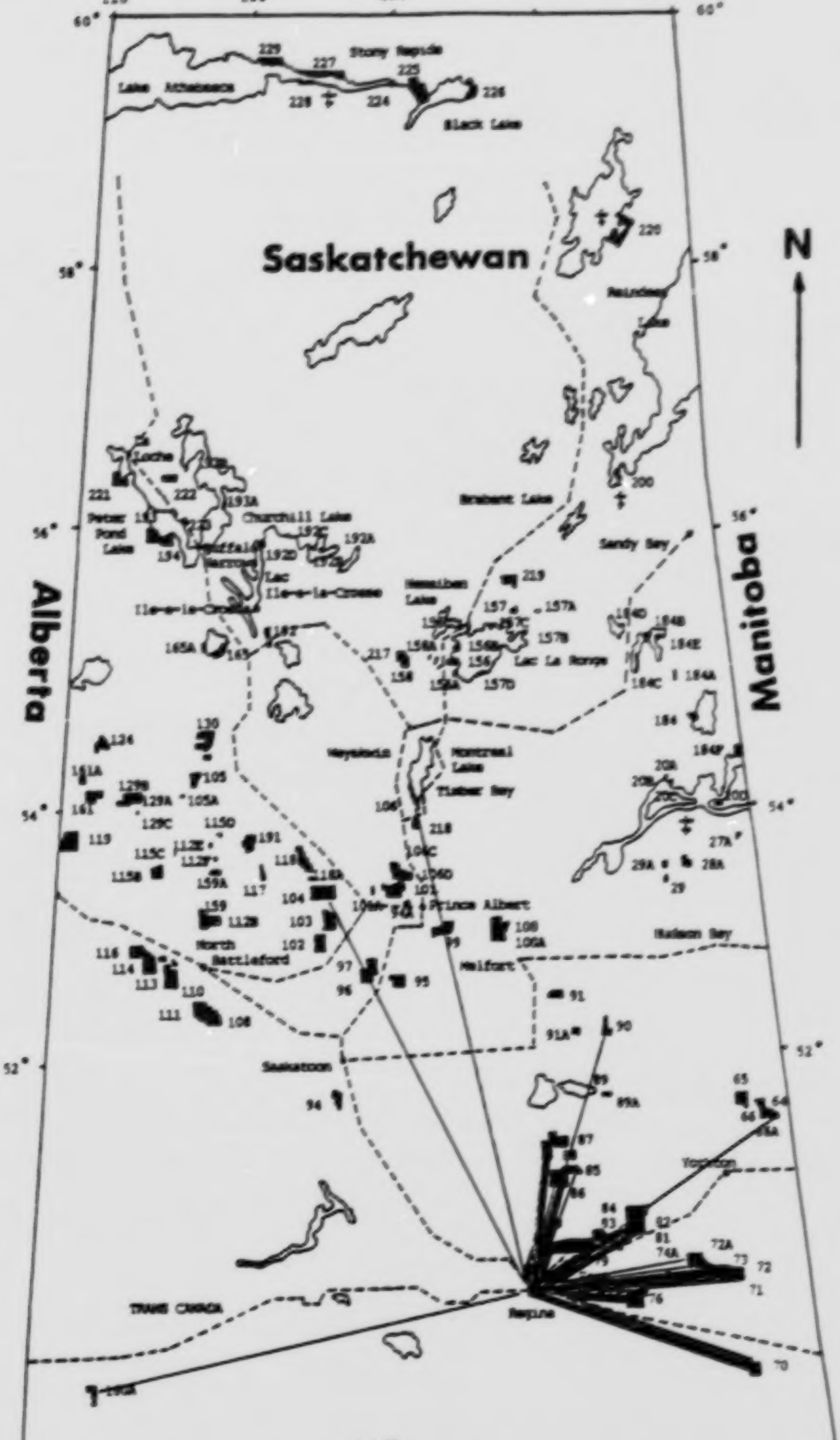
Distance From Reserve to City	% of Migrations From Reserves (n=242)
Under 50 kilometers	28.9%
50 to 100 kilometers	32.2
101 to 200 kilometers	22.3
Over 200 kilometers	10.3
Reserve unknown	6.2

---

[26] A small number of these respondents have lived on more than one reserve and thus a small percentage of double counting has occurred.

FIGURE 5.1

MIGRATIONS OF SAMPLED INDIAN AND METIS ELDERLY RESPONDENTS FROM RESERVES TO REGINA


110°
108°
106°
104°
102°W
60°
58°
56°
54°
52°
49°
Saskatchewan
N
Alberta
Manitoba
USA
Lake Athabasca
Stony Rapids
Black Lake
229
227
225
226
228
224
220
Reindeer Lake
200
Brabant Lake
Sandy Bay
Loche
221
222
193A
Peter Pond Lake
Churchill Lake
192C
192A
192D
194
Buffalo Narrows
Lac Ile-a-la-Crosse
Ile-a-la-Crosse
Nemeiben Lake
219
157
157A
157C
157B
157D
156
156A
156B
158
158A
217
Lac La Ronge
184D
184B
184E
184A
184C
184
184F
165A
165
192
130
124
161A
161
105
105A
129B
129A
129C
115D
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112E
112F
115C
115B
159A
191
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117
118A
104
103
102
159
112B
116
114
113
110
111
108
North Battleford
Weyakwin
Montreal Lake
Timber Bay
106
218
106C
106D
101
100A
Prince Albert
99
100
100A
97
96
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Regina
TRANS CANADA
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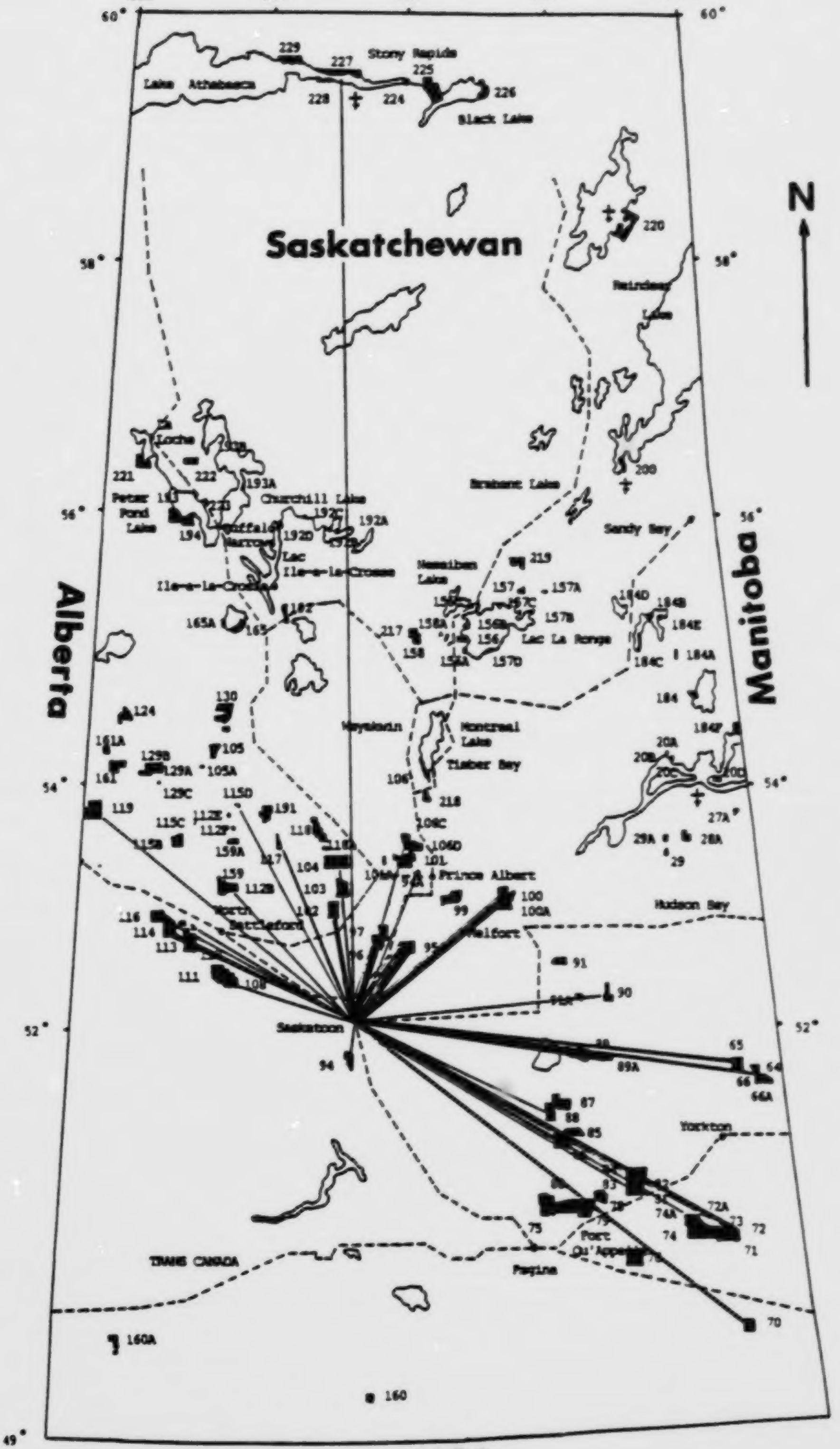
FIGURE 5.2

MIGRATIONS OF SAMPLED INDIAN AND METIS ELDERLY RESPONDENTS FROM RESERVES TO SASKATOON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Stony Rapids
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Black Lake
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Reindeer Lake
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Brabant Lake
Sandy Bay
Loche
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193A
Peter Pond Lake
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Churchill Lake
192C
192A
192D
Buffalo Narrows
Lac Ile-a-la-Crosse
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Nemeiben Lake
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Lac La Ronge
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Weyakwin
Montreal Lake
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Prince Albert
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Hudson Bay
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North Battleford
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Melfort
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Yorkton
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Fort Qu'Appelle
TRANS CANADA
Regina
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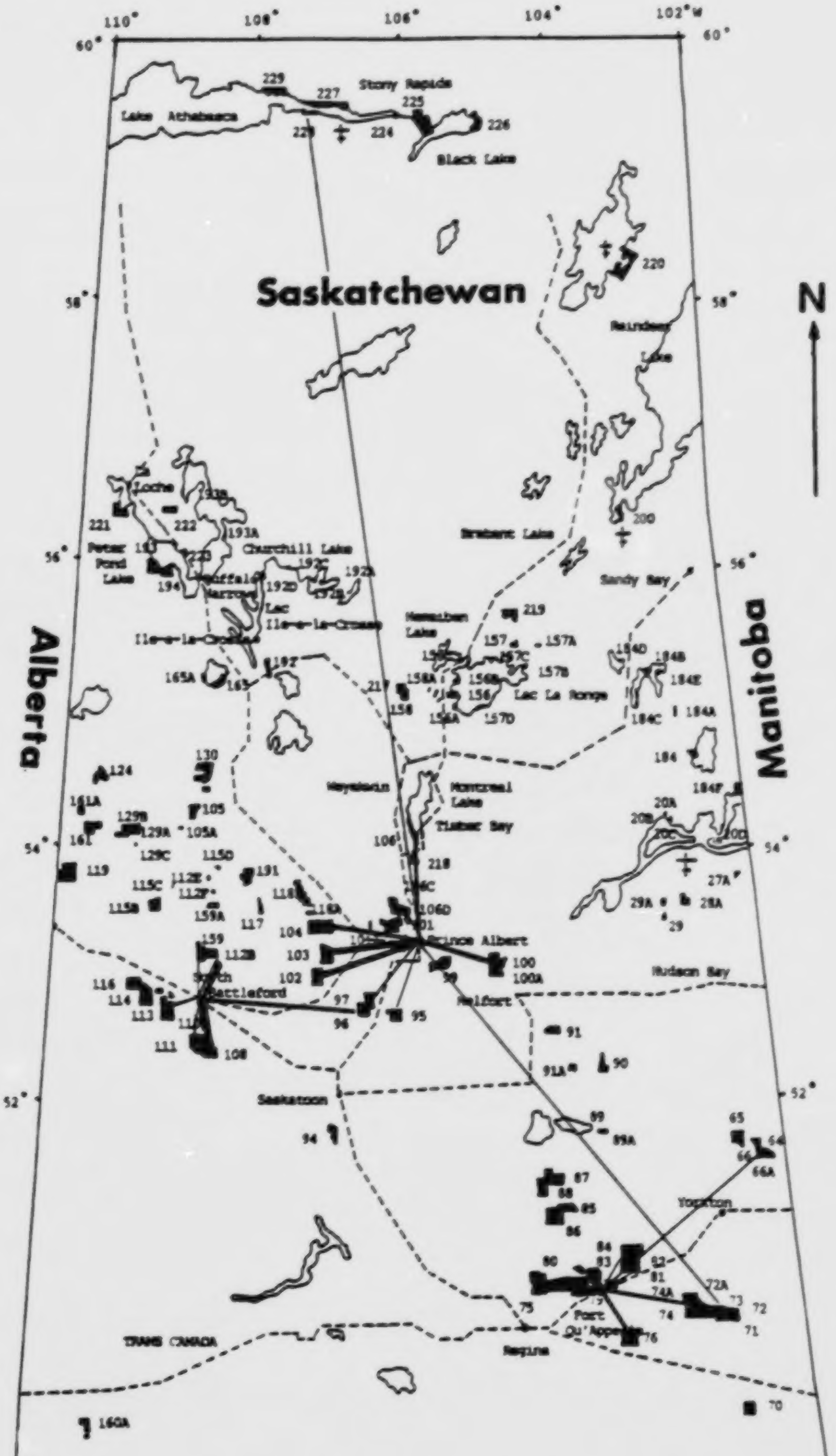
FIGURE 5.3

MIGRATIONS OF SAMPLED INDIAN AND METIS ELDERLY RESPONDENTS FROM RESERVES TO PRINCE ALBERT, NORTH BATTLEFORD, AND FORT QU'APPELLE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Lac La Ronge
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Alberta
Manitoba
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Fort Qu'Appelle
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TRANS CANADA
Regina
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USA

5.5.3. INTERACTION WITH AND DESIRE TO RETURN TO THE RESERVE

> **"If I was comfortable I would live on the reserve again. What I mean is, I want more than just a house. I wouldn't mind a job if I were to go back. I'm tired of the city. You always have to have money."**
>
> (Status Indian Woman)

Status Indians, unlike other cultural groups living in the city, have the unique advantage of being able to return periodically to their reserve and it has been noted that for many urban Indians the reserve "continues to act as a social and cultural centre" (Nagler, 1973, p. 66). In the current study, about one-third of the respondents (34.4%) who had once lived on a reserve never go back to their reserve even to visit while 47 per cent visit the reserve for short periods of time throughout the year. A total of 15.3 per cent visit the reserve for long periods such as a month or two at a time and the final 3.7 per cent are only off the reserve temporarily and still consider it their permanent place of residence.

Graves and Van Arsdale (as cited in Bell et al, 1976, p. 188) suggest that Indian migrants to the city are continually faced with the decision of whether to remain in the city or return to live on the reservation. In the current study, only 62.1 per cent of the respondents said that they consider their move to the city as permanent.[27] Thirteen per cent intend to move back to their reserve if facilities and housing get better, 5 per cent will move back if their health improves, and 17.5 per cent intend to move back regardless of circumstances. Interestingly, the amount of time that the respondent has lived in the city has no relationship to the desire of the respondent to move back to the reserve.

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[27] There was a significant variation in 'permanency' in the city by sex. Only 53 per cent of men said they are in the city permanently as compared to 67 per cent of the women.

It might be hypothesized from these statistics that the older ages of the respondents in this study might have a bearing on the rather significant percentage who do not consider their move to the city as permanent. The respondents have many traditional values that tie them to their reserves and rural roots, and many have not been successful in finding employment opportunities in the city to be a continuing factor in their welfare. In some areas of Canada major on-reserve initiatives or special needs studies have been developed and these may be seen to make reserves more attractive to the elderly (see for example, Zuker, 1984 and Indian and Northern Affairs Canada, 1986). However, caution must be exercised in accepting these hypotheses. It is quite likely that the change in Bill C-31, allowing Non-Status Indians to regain their registration and rights to return to live on-reserve, may also be having a positive effect on the number desiring to move back.

5.6. CONCLUSION

The Indian and Metis elderly are a highly mobile population. Many of their moves have origins and destinations within the same community. The adjustment of housing, which is physically unsuited to the respondent, is a dominant factor in the decision to move. Other factors which are important in the relocation of native elderly households include the desire to be nearer to family and services.

Analysis of the subpopulation of native seniors who had once lived on-reserve proved informative. Almost 40 per cent of the population do not consider their move to the city as permanent. The following profile, of a woman who was forced to move to the city upon her husband's death, provides an insight into the types of migration stresses in the lives of the respondents.

ADJUSTING TO LIFE IN THE CITY

Rose is a Status Indian, in her late 60's, who speaks English well and has three children.

Four years ago Rose was away from the reserve visiting her daughter and grandchildren when her husband died suddenly during a hunting accident. She cannot accept his death and was forced to move into the city where relatives could care for her.

The interviewer found Rose in her niece's apartment in a large city. Rose was in her bedroom and the unit had been without a working toilet for a week. She started chain smoking a year ago when she was moved to the city, although "the grass that the young people smoke bothers her."

She trusts no one in the city and said "My son married a white [woman]. I can't confide in him any more. I miss speaking my own language. My neighbours here in the city are white. We have nothing in common."

Rose tells of an incident which has made her afraid to answer the door. "I got robbed by a boy who pretended to be a paperboy. I gave him my change purse so he could count out the fee but he ran off with all my money. I ran after him but couldn't catch him on the stairs. My legs aren't fast ..." Rose tried to tell others of the incident but they laughed at her for trusting the boy with her change purse. Now she prefers to stay in her room.

Rose's memory lapses for a moment and she starts speaking of her deceased husband as if he is still alive. "I can't wait to get home ... my husband probably has all my money - he's such a good budgeter." Then Rose proudly brings out her photographs - and her face lights up.

CHAPTER VI

HEALTH PROFILE, INDIAN AND METIS ELDERLY

MOLLY IS A STATUS INDIAN WOMAN IN HER LATE 60'S. UNTIL EIGHT MONTHS AGO, SHE HAD LIVED HER WHOLE LIFE ON A RESERVE. MOLLY HAS NEVER MARRIED AND SAYS: "I HAD NO CHILDREN OF MY OWN. I AM ALL ALONE."

MOLLY HAS LIVED IN FIVE DIFFERENT PLACES IN THE LAST EIGHT MONTHS SINCE HER STROKE WHICH HAS LEFT HER IN A WHEELCHAIR. FOR SOMEONE WHO HAS LIVED ON THE SAME RESERVE FOR OVER 60 YEARS, AND WHO SPEAKS NO ENGLISH, THE YEAR HAS BEEN PARTICULARLY TRAUMATIC. THE MOVES ... FROM HER HOME ON THE RESERVE ... TO THE HOSPITAL ... TO HER BROTHER'S HOME IN THE CITY TO CONVALESCE ... BACK TO A HOSPITAL FOR SURGERY ... BACK TO HER COUSIN'S HOME ...

AT THE TIME OF THE INTERVIEW, MOLLY WAS LIVING WITH HER COUSIN AND AWAITING A PERMANENT PLACEMENT IN A NURSING HOME. THE FAMILY OF SEVEN CAN ONLY PROVIDE HER WITH A BED IN THE LIVING ROOM. MOLLY'S ONE SIDE IS PARALYZED AND THE HOME'S ONLY BATHROOM IS ON THE SECOND FLOOR. MOLLY BUYS GROCERIES FOR HER COUSIN'S FAMILY IN EXCHANGE FOR ROOM AND BOARD.

MOLLY IS AWARE THAT SHE DISRUPTS HER COUSIN'S FAMILY. IN RETURN SHE YEARNS TO SHARE HER LOVE OF INDIAN DANCE WITH THIS YOUNGER GENERATION. "I WANT TO TEACH YOUNG PEOPLE HOW TO DANCE BUT THEY TELL ME I AM SICK." IN HER HEART MOLLY KNOWS THAT SHE WILL NEVER MOVE HOME AGAIN. "OLD PEOPLE LIKE TO BE ALONE [BUT] THEY DON'T LET US STAY ALONE ON THE RESERVE."

MOLLY LEARNED THE AFTERNOON OF THE INTERVIEW THAT SHE WOULD SOON HAVE PERMANENT RESIDENCE IN A NURSING HOME. SHE LEFT US WITH ONE LAST THOUGHT:

"I'VE LIVED A GOOD LIFE. I AM HAPPY WITH WHAT I DID FOR MYSELF ... [MY REGRET] ... NEXT TIME I WOULD GET A MAN TO SHARE WITH ..."

CHAPTER VI

HEALTH PROFILE, INDIAN AND METIS ELDERLY

6.1. INTRODUCTION

The difficulties confronting native elderly people, including low incomes, high rates of social assistance, frequent changes of residence, and problems posed by language and literacy skills, would challenge the resources of even the most able-bodied individuals. Yet, to this list of difficulties must be added ill health and poor physical mobility.

Comparative statistics on the health of subgroups within the aboriginal population are not generally available. However, detailed data on the health status of Registered Indians, in Canada and Saskatchewan, give some indication of the gravity of the situation. Life expectancy at birth for the Indian population remains ten years below that of other Canadians (Gillis, 1987) and the mortality rate of Indian people has been cited as almost twice that of the non-Indian population (Indian and Northern Affairs Canada, 1986, p. 29).

Inadequate nutrition, substandard living conditions, and low levels of education have contributed to high Indian morbidity and mortality statistics. In Canada, the rate of tuberculosis in the Registered Indian population is nine times that of the general population and "respiratory illness is the leading cause of hospitalization" (Indian and Northern Affairs Canada, 1986, p. 29). A Saskatchewan study by Clarkson (1977, pp. 14-15), has shown that in 1971 the costs for physician services per 1,000 population for infectious and parasitic diseases, as well as accidents and poisonings, were approximately twice as high among Indian people as for the general Saskatchewan population.

6.2. SELF-RATED HEALTH, INDIAN AND METIS ELDERLY

The close relationship between self-rated health and more objective measurements of an older individual's well being has received important recognition in the literature. Perceived health status has been shown to "correlate highly with objective physiological and medical evaluations" and a favourable perception of one's health is more likely with higher levels of income, education, and social activity (McPherson, 1983, p. 185). Seniors who rate their health as 'good' or 'excellent' have been observed to have a more positive outlook on life than those who rate their health as 'fair' or 'poor' (Roadburg, 1985, p. 145). Further, a recent survey by the Saskatchewan Senior Citizens' Provincial Council (1987, pp. 26-27) notes that the self-rated health status of urban seniors very closely predicts measures of functional mobility, including the use of mobility aids and the need for assistance to leave the home.

In the present survey, six out of every ten native elderly perceive their health to be only 'fair' or 'poor' (Table 6.1).[28] In the predominantly urban sample in the south, the proportion of older natives who rank their health as 'fair' or 'poor' (57.4%) is almost 20 per cent higher than that of other Saskatchewan urban seniors (39.8%). This has particular significance as the native sample includes a large number of respondents who are age 50 to 64 whereas the provincial sample includes only those age 65 and over. Put in another way, the self-rated health of urban natives, age 50 and over, approximates that of the general Saskatchewan urban population who are 85 years or older (Senior Citizens' Provincial Council, 1987, pp. 26-27). Yet even this comparison is optimistic for if the 'poor' category of health is considered separately, it is noted that the native population is two to three times more likely to rate their health as 'poor' than are other provincial seniors (Table 6.1).

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[28] This statistic is almost identical to that found by Young (1984, p. 24) in her study of native elderly in Winnipeg. Taken together, these two studies generate evidence on subjective health ratings of off-reserve native elderly.

TABLE 6.1

SELF-RATED HEALTH, SAMPLED INDIAN AND METIS ELDERLY VERSUS SASKATCHEWAN SENIOR POPULATION

Health Rating	% of Respondents		Saskatchewan Seniors	
	South (n=378)	North (n=62)	Urban*	Rural*
Excellent	12.4%	6.5%	14.1%	7.7%
Good	30.2	32.3	46.2	37.9
Fair	33.9	40.3	33.8	44.6
	>57.4%	>61.3%	>39.8%	>54.4%
Poor	23.5	21.0	6.0	9.8

* Senior Citizens' Provincial Council (1987), Table 2.8, p. 25.

Generally, perceived health status can be expected to show a decline with age. However, this was not true of the native sample. In the south, younger respondents are just as likely as older respondents to give a 'fair' or 'poor' ranking.[29] Variables which appear significant in predicting the level of perceived health of the native elderly in the south include English speaking ability and level of income. For example, of those who speak English well, 54 per cent report 'fair' or 'poor' health. This compares with 67 per cent of those who have difficulty with English or who speak no English at all. Similarly, 72 per cent of those who report lower incomes (under $500 per month) perceive their health to be only 'fair' or 'poor.' This contrasts with 52 per cent of those earning over $1,000 a month who perceive their health as 'fair' or poor.'

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[29] Other variables which are non-significant in defining perceived health include Indian subpopulation and sex.

Research by Mossey and Shapiro (as cited in Horgan, 1987, p. 30) and statistics presented by Stone and Fletcher (1986) suggest that a positive perception of one's health is influenced by "health-promoting behaviour" such as exercising and not smoking. Viewed in this light, the smoking behaviour of the native elderly appears to be significant (Table 6.2). More than half of the sampled native seniors are current smokers and only 10 per cent of the respondents in the north and 16 per cent in the south have never smoked or chewed tobacco. In comparison, the Report of the Canada Health Survey (Health and Welfare Canada, 1981, p. 50) indicates that 28 per cent of Canadians, age 45 to 64, have never smoked and this increases to 40 per cent for those age 65 and older.

TABLE 6.2

SMOKING AND CHEWING TOBACCO HABITS,
SAMPLED INDIAN AND METIS ELDERLY

	% of Respondents		% of South Respondents by Age		
	South	**North**	50-64	65-74	75+
	(n=380)	**(n=61)**	(n=224)	(n=106)	(n=48)
Yes, currently smoke	**52.1%**	**55.7%**	60.7%	41.5%	35.4%
Yes, chew tobacco	**4.0**	**13.1**	2.2	4.7	10.4
Yes, chew and smoke	**0.3**	**3.3**	n/a	n/a	n/a
Have given up smoking/chewing	**27.4**	**18.0**	25.0	26.4	41.7
Have never smoked/chewed*	**16.3**	**9.8**	12.1	27.4	12.5

* The probability of an older native person smoking may be influenced by the ceremonial use of tobaccos.

The use of self-rated health to predict objective measurements of health was verified by the reported incidences of health problems in the south sample. For example, 96 per cent of those who rate their health as 'poor' report health problems, as compared with only 58 per cent of those who rate their health as 'excellent.' Similarly, 82 per cent of those who perceive themselves to be in 'poor' health are often sad or depressed in comparison to only 49 per cent of those who are in 'excellent' health. The following profile tells of a woman who has all that she needs in terms of physical comforts; yet, sadly, her health has deteriorated to a point where she fears losing her independence.

LOSS OF INDEPENDENCE

> Jessie is a native woman, in her early 70's, who has been chronically ill for more than ten years. Emphysema has left her dependent upon oxygen supplementation. She crushed her hip in a truck accident and now experiences some weakness when standing. She rates her health as 'poor.' Despite a supportive living environment, weekly visits from Home Care, and a loving family, Jessie often feels lonely and depressed. She especially regrets her loss of mobility and to maintain her independence she insists on going out by herself. She tells of how she falls in the street and of the people who just pass her by. The following is an observation written down by the interviewer:
>
> "When I met her, she was leaning against an entrance of a mall. She finds it difficult to move. We climbed some stairs to go into the mall. There were 5 steps and when the respondent sat down she started getting dizzy. She had to get herself together before we could talk about setting up an interview. The respondent then asked a store clerk to unlock a door for her so that she could have easier access to the lane way to wait for her daughter who was to pick her up. The store clerk kept her waiting. Meanwhile, the respondent held onto a pay phone because she was dizzy."

6.3. ACUTE AND CHRONIC HEALTH PROBLEMS

6.3.1. GENERAL TRENDS

Approximately 76 per cent of the Indian and Metis elderly in the south and 66 per cent in the north report a chronic or an acute health problem for which they are currently receiving treatment. In addition, 33 per cent of the respondents in the south and 42 per cent in the north mention a health problem which they suspect they may have but for which they have not sought medical treatment (Table 6.3).

In a comparative sense, the proportion of native seniors who report health problems is no higher than that of other older Canadians.[30] There are indications, however, that health problems for the native elderly may be more debilitating than for the general senior population. Evidence of this includes lower levels of perceived health, frequent visits to the doctor, and significant limitations on personal mobility and daily activities. Again, we are reminded that 60 per cent of the sample are below the age of 65.

The most frequently reported health problems among the sampled native elderly are arthritis, diabetes, heart conditions, and back, leg, and foot disorders. It is interesting to note that these same health problems have been highlighted in recent Manitoba surveys of the native elderly in both on-reserve and urban settings (Indian and Northern Affairs Canada, 1986, p. 38 and Young, 1984, p. 24).

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[30] Overall, 80 per cent of the south sample of Indian and Metis elderly have a chronic and/or an acute health problem (treated and untreated conbined). The Report of the Canada Health Survey, undertaken by Health and Welfare Canada in the latter part of the 1970's, indicates that 85.6 per cent of seniors living in the community have either an acute or a chronic health condition (Driedger and Chappell, 1987, p. 81).

TABLE 6.3

PERCENTAGE OF RESPONDENTS HAVING ACUTE OR CHRONIC HEALTH PROBLEMS, SAMPLED INDIAN AND METIS ELDERLY

	Total Treated & Untreated Problems		Treated Problems		Untreated Problems	
Problem	South	North	South	North	South	North
Arthritis	36.9%	33.2%	27.9%	24.6%	9.0%	8.6%
Diabetes	24.9	8.3	23.5	6.6	1.4	1.7
All heart problems	20.0	11.5	20.0	11.5	0.0	0.0
Back, leg, foot disorders	18.4	26.7	13.4	13.1	5.0	13.6
Hypertension	15.7	9.8	14.6	9.8	1.1	0.0
Eye disorder not corrected by glasses	14.8	16.7	10.6	8.2	4.2	8.5
Respiratory disorder	12.4	9.9	9.9	8.2	2.5	1.7
Circulatory/blood disorder	11.7	4.9	10.6	4.9	1.1	0.0
Hearing impairment	11.5	10.0	5.7	4.9	5.8	5.1
Alcohol/drug/other toxic substance addiction	10.8	6.7	5.2	3.3	5.6	3.4
Emotional, nervous or mental disorder	8.0	3.3	4.9	1.6	3.1	1.7
Urological disorder	7.2	5.0	5.5	3.3	1.7	1.7
Gastrointestinal disorder	6.8	1.7	5.7	0.0	1.1	1.7
Neurological disorder	6.5	1.6	5.7	1.6	0.8	0.0
Crippled/amputee/ paralysis	6.5	3.3	5.7	1.6	0.8	1.7
Cancer (any type)	5.7	1.6	5.5	1.6	0.2	0.0
Heart attack	4.4	4.9	4.4	4.9	0.0	0.0
Stroke/cerebral vascular disorder	3.6	6.7	3.6	3.3	0.0	3.4
Heart Surgery	2.3	0.0	2.3	0.0	0.0	0.0
Skeletal disorder	1.6	1.6	0.8	1.6	0.8	0.0
Skin diseases	1.3	0.0	1.3	0.0	0.0	0.0
Other	16.5	23.4	10.9	11.5	5.6	11.9

Table 6.4 displays the importance of various sample characteristics in defining treated and untreated health problems among the native elderly population. Eighty-seven per cent of those with incomes of less than $500 a month report health problems as compared to 65 per cent of those who have monthly incomes of $1,000 or greater. A reverse relationship between income and health might also be hypothesized. That is, those in poor health may be less able to work and hence report lower incomes.

TABLE 6.4

VARIABLES IMPORTANT IN DEFINING HEALTH PROBLEMS, INDIAN AND METIS ELDERLY, SOUTH SAMPLE

	% of Respondents Having Treated Problems	% of Respondents Having Untreated Problems
Overall Sample	**75.6%**	**33.2%**
Subpopulation:		
Status	76.7	36.5
Non-status	79.2	28.9
Metis	72.3	29.8
Age:		
50 to 64	74.1	32.4
65 to 74	76.6	28.7
75+	81.6	47.8
Income (Month):		
$0 to $500	87.0	41.7
$501 to $1000	79.4	39.8
over $1000	65.2	25.8
Sex:		
Males	72.3	33.8
Females	77.6	32.6
Language:		
Speak English well	74.3	31.0
Speak English with difficulty/ not at all	79.8	39.8

6.3.2. INCIDENCE OF COMMON HEALTH PROBLEMS BY SUBPOPULATION

Table 6.5 compares the presence of specific health disorders in the native elderly sampled in southern Saskatchewan with those found in the general Canadian senior population. The most obvious difference between the populations is the rate of diabetes. Whereas diabetes affects some 5 to 8 per cent of Canadian seniors, 24.9 per cent of the native elderly in the south sample were afflicted. Status Indians, in particular, reported very high incidences of diabetes (29.7 per cent).

TABLE 6.5

COMPARISON OF COMMON HEALTH PROBLEMS,*
INDIAN AND METIS ELDERLY, SOUTH SAMPLE

Health Problems	Total South	South Subpopulation			Canadians 65+**	
		Status	Non-Sta.	Metis	Males	Females
Arthritis	**36.9%**	38.2%	45.3%	32.4%	32.0%	50.0%
Diabetes	**24.9**	29.7	23.6	18.0	5.0	8.0
Heart problems	**20.0**	19.3	12.8	24.0	20.0	20.0
Foot, leg, back disorders	**18.4**	22.3	12.9	13.3	n/a	n/a
Hypertension	**15.7**	15.1	10.8	18.7	20.0	35.0
Eye problems not corrected by glasses	**14.8**	14.8	6.5	17.3	n/a	n/a
Respiratory disorders	**12.4**	12.7	12.8	11.9	n/a	n/a

* Includes treated and untreated health problems.

** Health and Welfare Canada (1981), Figure VI, p. 112.

The fact that diabetes is one of the top two health problems of the native elderly is not unexpected. Statistics released by Health and Welfare Canada and other surveys, in both Canada and the United States, show rates of diabetes among the native elderly ranging from 20 to 31 per cent (Indian and Northern Affairs Canada, 1986, p. 38; Young, 1984, P. 24; and Markides et al, 1987, p. 90).

The low incidence of diabetes (8.3%) in the north (Table 6.3) is inconclusive and may be the result of a variety of factors. For example, traditional foods may be more available in the north. It can also be hypothesized that northerners with diabetic complications may move south to urban centres where medical assistance is more readily available. Still other northerners may have undiagnosed diabetic conditions.

Left uncontrolled, diabetes may lead to heart and vision complications and can result in gangrene that may require amputation of a limb (Markides and Mindel, 1987, p. 90). Diabetes is a disease where the prognosis and avoidance of complications depends upon adherence to dietary and medical instructions. The significant proportion of Indian and Metis elderly who are unable to read English, or who have great difficulty doing so, was mentioned in Chapter III of this report. Being unable to read dosages or to understand the relationship between the substance in a syringe and physical health can cause difficulty in the administration of insulin. In this light, the data for the south show that 20 per cent of the native seniors who do not speak English well are experiencing problems with medication as compared to 14.8 per cent of those who speak English well.

6.4. VISITS TO PHYSICIANS

Research in Winnipeg has shown that just as many elderly native people (80%) use physician services as do other seniors (85%) (Young 1984, p. 8 and Driedger and Chappell, 1987, p. 79). Similarly, Gillis' (1987) study of the use of health services, in 1985-86, by the Saskatchewan Registered Indian population, age 65 and over, provides evidence that Indian seniors may have an even higher per capita rate of physician use than do non-Indian seniors. Not surprisingly, diabetes mellitis was "the most prevalent condition" for physician visits by older Saskatchewan Registered Indians. Gillis (1987) reports that during the "year each older diabetic will see a doctor on average 16 times."

In the present survey, only 11.4 per cent of the native elderly in the south have not seen a doctor or public health nurse in the 12 months previous to the survey. The north sample of Indian and Metis elderly, however, showed a significant departure from the south sample with 26 per cent having had no medical contact in the last year.

Given Gillis' findings, the data from the current survey were examined for frequency of physician visits. The present study shows that 41.5 per cent of the Indian and Metis elderly in the south report eight or more medical visits in the year preceding the survey (Table 6.6). Indeed this percentage is approximately twice as high as might be expected. For example, the Report of the Canada Health Survey showed that just over 20 per cent of Canadian seniors made ten or more physician visits in a year (Health and Welfare Canada, 1986, p. 4). Similarly, a 1984 random survey by the City of Regina Health Department (1987, p. 5.4) found that 19 per cent of city residents, age 65 and older, made seven or more visits to a doctor in a given year.

TABLE 6.6

NUMBER OF MEDICAL VISITS IN THE LAST MONTH AND THE LAST YEAR, SAMPLED INDIAN AND METIS ELDERLY

MONTHLY VISITS

Frequency of Visits	% of Respondents		% of South Respondents	South by Subpopulation		
Last Month	South	North	Age 65+	Status	Non-Sta.	Metis
	(n=347)	(n=62)	(n=142)	(n=186)	(n=41)	(n=119)
None	**37.8%**	**56.5%**	34.5%	33.9%	41.5%	42.0%
One	**31.1**	**21.0**	24.6	31.7	22.0	33.6
Two/three	**17.9**	**14.5**	22.5	17.2	26.8	16.0
Four/five	**6.6**	**1.6**	8.5	7.5	7.3	5.0
Six/seven	**0.9**	**0.0**	0.7	1.6	0.0	0.0
Eight or more	**5.8**	**6.5**	9.2	8.1	2.4	3.4

ANNUAL VISITS

Frequency of Visits	% of Respondents		% of South Respondents	South by Subpopulation		
Last Year	South	North	Age 65+	Status	Non-Sta.	Metis
	(n=306)	(n=58)	(n=130)	(n=166)	(n=39)	(n=100)
None	**11.4%**	**25.9%**	14.6%	9.0%	18.0%	13.0%
One	**12.4**	**13.8**	11.5	9.6	5.1	20.0
Two/three	**16.3**	**20.7**	13.1	18.7	15.4	13.0
Four/five	**12.1**	**10.8**	11.5	11.5	5.1	16.0
Six/seven	**5.6**	**5.2**	4.6	3.6	10.3	7.0
Eight or more	**41.5**	**24.1**	43.9	46.4	46.2	31.0
Cannot remember	**0.7**	**0.0**	0.8	1.2	0.0	0.0

In the north, the frequency of use of medical services is lower. Only 24.1 per cent of the Indian and Metis elderly reported eight or more medical visits in a year. These frequencies are more in keeping with those of the general senior population. However, the self-perceived health of the respondents in the north is just as poor as that of native elderly in the south and their untreated medical problems are more abundant. This leads us to suspect that the frequency of medical visits of the elderly in the north relate more to the question of access than to the question of need.

Medical services, particularly specialized services, are not as accessible to the population in the north. Twenty-nine per cent of the respondents in the north stated that they had problems getting medical care (compared to 17 per cent in the south). In the north the greatest problem faced in getting medical care is affordability and, as a result, some respondents display evidence of major untreated health problems. A respondent in the far north suffers from a skeletal deformity the result of a fall down stairs several years ago. Although nurses have told her that the deformity can be corrected, the air cost to Saskatoon is several hundred dollars or approximately half of the family's gross monthly income. If a friend or family member is to accompany the ill senior, and private transportation is not available, costs can be double.

For those northern seniors travelling south for specialized medical care the journey must seem long: "The last time I used the bus was three years ago when I went to hospital." Some who do not speak English are not even sure what their medical treatment involved: "I go and see the doctor ... all the time and they don't say what problem is upon me." An interviewer writes of yet another woman staying in a southern hospital two years ago: "She thinks it was a bladder operation but she really doesn't know."

6.5. RATE OF HOSPITALIZATION

> **"Two years ago ... I had to stay in the hospital for a few months because of my sugar diabetes [I've been hospitalized] lots of times. I can't remember how many times I went in for sugar diabetes. I was once 260 pounds. Now I'm skin and bones. Sometimes I get knocked out if I take too much [insulin]. I miss the trapline - I even dream about it. But now I want to live close to [the] hospital."**
>
> (Male Status Indian, Age 70-74)

There is reason to suspect that many of the physician contacts reported by the Indian and Metis elderly take place in a hospital or an emergency room setting.[31] Throughout the entire life cycle, Registered Indians have been shown to have higher per capita rates of hospitalization than the non-Indian population. The Task Force Committee on the Mental Health Services in Saskatchewan (1983, p. 113) reports that "the volume of hospital care amongst Indian children is 3.5 times greater than that for non-Indian children." The Saskatchewan Social Planning Secretariat (1979, p. 36) describes hospital separations in 1977-78 for the provincial Indian population as almost three times greater than for non-Indians per 1,000 population. Eight years later, Gillis (1987) documents the same trend among Saskatchewan Indians age 65 and over. She reports 1,297 hospital separations per 1,000 Indian seniors, in 1985-86, as compared to 488 separations per 1,000 non-Indian seniors.

The use of hospitals for medical treatment which could be performed in a physician's office has implications if the physician is unaware of the patient's complete medical history. It can also lead to inconsistencies in follow-up care. Gillis

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[31] A survey of native medical care by DeGeyndt in Minneapolis (as cited in Bell et al, 1976, p. 190), reported that 40 per cent of the care was received in the emergency room or outpatient department of the general hospital.

(1987) presents statistics which indicate that hospital stays for Registered Indian people are shorter than those of non-Indians. She suspects "that the conditions for which Indians are hospitalized are either different or are less severe" than those for which other residents of Saskatchewan are hospitalized.

Gillis questions whether physicians are more inclined to hospitalize elderly Indian patients than to treat them on an out-patient basis. A study of the comparative use of in-patient and out-patient psychiatric services by Indian and non-Indian people in Saskatchewan (Fritz and D'Arcy, 1983, p. 82) raises similar concerns. These concerns are certainly relevant given the living conditions of some of the sampled native elderly. For example, 33 per cent of the sample in the south live in homes without telephones: 43 per cent of Status Indians; 22 per cent of Non-Status Indians; and 19 per cent of Metis. In the north, as many as 53 per cent of the sampled households are without phones. For a senior, the phone is important both for making appointments with physicians and as a means of keeping in contact with a medical person in time of illness or stress. It also could be argued that frequent changes of residence by native seniors might complicate ties with a neighbourhood or community-based physician or clinic.

In the present survey, fully 61 per cent of the respondents in the south and 54 per cent in the north had been hospitalized overnight at least once during the five years prior to the survey (Table 6.7). In the south, there were no significant differences in the percentages who had been hospitalized by Indian subpopulation. Perhaps significant is the fact that 17 per cent of those in the south who gave a reason for their hospitalization (n=201), cited an accident or fall. A similar percentage (16.7%) in the north (n=30) had also been hospitalized for an accident or fall.

TABLE 6.7

NUMBER OF HOSPITALIZATIONS IN LAST FIVE YEARS, SAMPLED INDIAN AND METIS ELDERLY

	% of Respondents		South Subpopulation		
	South (n=321)	North (n=63)	Status (n=171)	Non-Sta. (n=38)	Metis (n=110)
No hospitalizations	38.6%	46.0%	37.4%	39.5%	37.3%
One hospitalization	32.9	28.6	37.4	36.8	38.2
Two hospitalizations	9.5	7.9	12.3	10.5	9.1
Three hospitalizations	2.7	1.6	2.9	0.0	4.5
Four hospitalizations	4.6	0.0	4.7	5.3	6.4
Hospitalized but number of admissions not given	11.7	15.9	5.3	7.9	4.5

Up to the age of 85, increasing age appears to have had little effect on the percentage who had been hospitalized at least once (Table 6.8).

Table 6.8

HOSPITALIZATION OF THE INDIAN AND METIS ELDERLY, BY AGE, SOUTH SAMPLE

Age	% Hospitalized at Least Once in the Last Five Years	% Hospitalized Three or More Times in the Last Five Years
50-64	59.6%	7.0%
65-74	60.4	10.3
75-84	65.0	15.6
85+	88.9	16.7

6.6. DENTAL HEALTH

> **"I got just a few [teeth on the] top front. I got dentures once but they broke on me. Since then I never got another set because I can't afford them."**
>
> (Metis Woman in Her 70's)

A survey of the dental health of Indian people living in Minneapolis found that, like other low-income populations, dental care "is generally sought only when symptoms are severe." As such, dental procedures for the Indian population were found "disproportionately to require more drastic measures, e.g. tooth extractions rather than fillings." In the Minneapolis survey, almost 30 per cent of visits to the dentist by Indian people involved extractions as compared with only 12 per cent of visits by the general population (DeGeyndt, as reported in Bell et al, 1976, p. 190).

In keeping with the findings of the Minneapolis study, many of the native elderly in the present survey are experiencing dental problems (52 per cent in the south and 71 per cent in the north). In contrast, just under 10 per cent of Canadian seniors reported dental trouble in the Report of the Canada Health Survey (Health and Welfare Canada, 1981, p. 112).

An estimated 12.5 per cent of the respondents in the south are without teeth or dentures and this increases to 34 per cent in the north. Further, 12.8 per cent of respondents in the south mentioned decaying teeth which are bothering them and this rose to 28 per cent in the north. Concern must be raised over the limited selection of food that respondents without teeth are able to eat as studies have shown that the state of the teeth can influence food choice. Those who are unable to chew properly tend to avoid nutritious "hard" foods including nuts, meats, fresh fruits, and raw vegetables. Softer foods, which may be substituted, are often less nutritious and may be high in starch and carbohydrates (Ontario Advisory Council on Senior Citizens, 1980, p. 22).

While very few respondents report that they have never seen a dentist in their life, a large proportion (20.0% in the south and 30.6% in the north) presumably use dental services so infrequently that they are not able to even recall the last time they had seen a dentist[32] (Table 6.9). In sum, 38 per cent of the respondents in the south and 27 per cent in the north report visiting a dentist in the last three years.

TABLE 6.9

LAST TIME DENTIST SEEN,
SAMPLED INDIAN AND METIS ELDERLY

Time Interval Since Last Visit	% of Respondents			
	South		North	
	(n=375)		(n=62)	
Have never seen a dentist	1.9%	>21.9%	9.7%	>40.3%
Cannot recall the last time they saw a dentist	20.0		30.6	
Over three years	40.0		32.3	
One to three years	16.0		11.3	
Less than one year	22.1		16.1	

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[32] In making this assumption, we note from Table 6.6 that less than 1 per cent of the respondents were unable to estimate how often they had seen a doctor in the previous 12 months.

The majority of dental care services for the Registered Indian population are provided free of cost or are partially subsidized by the federal government. Metis and Non-Status Indian seniors, on the other hand, are required to pay for their own dental care. A cross-tabulation of dental visitation patterns by Indian subpopulations (Table 6.10) shows the effectiveness of this program. Forty-two per cent of the Status Indians in the south had visited a dentist in the last three years in comparison to approximately one-third of the Non-Status Indians and Metis.

TABLE 6.10

LAST TIME DENTIST SEEN BY INDIAN AND METIS ELDERLY, BY SUBPOPULATION, SOUTH SAMPLE

Time Interval Since Last Visit	Subpopulation		
	Status (n=201)	Non-Status (n=44)	Metis (n=129)
Have never seen a dentist	1.0%	4.6%	2.3%
Cannot recall the last time they saw a dentist	23.9	20.5	14.0
Over three years	33.3	40.9	50.4
One to three years	16.9	20.4	12.4
	>41.8%	>34.0%	>33.3%
Less than one year	24.9	13.6	20.9

It is important to recall, from Chapter III, that Status Indians generally report the lowest incomes of the three subpopulations. Yet, when respondents in the south report having difficulty getting dental care, 71 per cent of the Metis and 56 per cent of the Non-Status Indians indicate that it is an affordability problem. In contrast, only 21 per cent of Status Indians who are having a problem getting dental care mention an affordability problem and their most common response is that they "have just not bothered to go" to a dentist (38%). Again, the effectiveness of the subsidized dental program for Status Indians appears evident.

In the north, where most respondents (76%) are either Metis or Non-Status Indians, 78 per cent who have difficulty getting proper dental care report an affordability problem. Further, 46 per cent of those having difficulty state that no dentist is available in their community. In the extreme, dental care is left in the respondent's own hands: "He pulled out his two front teeth with pliers a few years back ..."

6.7. THE LIMITING EFFECTS OF POOR HEALTH ON EVERYDAY ACTIVITIES

> **"He is supposed to be wearing glasses, but he doesn't have any now because he can't afford them. He saw an optometrist a couple of months ago and ordered a pair of prescription glasses. The glasses have been sitting at the Optical store because he can't afford to pay for them. The cost is $96.50 to pick them up."**
>
> (Interviewer's comment on a Non-Status Indian widower in his 70's.)

The poor health of the native elderly would appear to predispose them to greater than average limitations on their personal mobility and daily activities. As indicated in Table 6.3, approximately one-third of the total sample have arthritis and 18 per cent of respondents in the south and 27 per cent in the north list back, leg, or foot disorders. Six per cent of the 476 people sampled are either amputees, severely crippled, or paralyzed and 17 per cent of the sample have been hospitalized in the last five years for an accident or a fall.

Constraints on mobility are further potentiated if sensory deficits are considered. Ten to 11 per cent of the Indian and Metis elderly have some hearing impairment and only half of these have been corrected. Just over 15 per cent of the respondents have a visual impairment which is not correctable with glasses or, if correctable, the respondent is without the proper prescriptive lenses. In fact, 11.6 per cent of respondents in the south and 31.7 per cent in the north requested glasses.

These are only the obvious physical impairments and do not begin to account for constraints imposed by heart disease, respiratory disorders, and so forth. In a population making frequent moves and living in low rent units on the private market, one wonders how many are able to choose housing designed with amenities to assist the elderly. The adaptation of the living environment to include such items as sufficient lighting, non-skid treads on stairs, and handrails in bathrooms, would appear a minor consideration for households that are worried about food and rent payments.

Tables 6.11 and 6.12 present an overview of some of the personal mobility problems that the Indian and Metis elderly experience in daily living. In comparison to other Saskatchewan seniors, the native elderly, particularly Status and Non-Status Indians, have a greater proportion who have trouble walking, leaving the house, and getting in and out of a car. The statistics shown in these two tables are even more significant when consideration is again given to the fact that over one-half of the natives sampled are as young as 50 to 64 years. Mobility problems show marked increase with age, but even so, 32 per cent of the natives age 50 to 64, who live in the southern communities, have trouble walking as compared with 24.6 per cent of Saskatchewan urban seniors age 65 and older.

The use of services which might enhance mobility, such as chiropody and physiotherapy, is noticeably absent. Only two of the 476 respondents report that they are currently using such a service. As few as 7.5 per cent of the respondents in the south and 6.3 per cent of the respondents in the north have a mobility device such as a cane, walker, or wheelchair, despite the fact that almost 40 per cent of the native elderly report walking problems and almost 60 per cent are in 'fair' or 'poor' health. In comparison, an estimated 13 to 16 per cent of seniors in Saskatchewan use some type of mobility aid including 26 per cent of those urban seniors in 'fair' health and 55 per cent of those in 'poor' health (Senior Citizens' Provincial Council, 1987, pp. 27, 28).

TABLE 6.11

COMPARATIVE MOBILITY PROBLEMS, SAMPLED INDIAN AND METIS ELDERLY AND SASKATCHEWAN SENIOR POPULATION

Mobility Problem	% of Respondents		Saskatchewan Seniors*	
	South (n=372)	North (n=62)	Urban	Rural
Trouble walking	**37.9%**	**36.1%**	24.6%	n/a
Trouble leaving house	**12.4**	**16.1**	8.2	7.9%
Trouble in/out of car	**13.4**	**12.9**	7.4	6.8
Trouble climbing stairs	**40.9**	**33.9**	n/a	n/a
Trouble walking over two blocks	**45.2**	**47.5**	n/a	n/a

* Senior Citizens' Provincial Council (1987), Tables 2.10 and 3.6, pp. 28 and 46.

TABLE 6.12

INDIAN AND METIS ELDERLY'S MOBILITY PROBLEMS BY AGE AND SUBPOPULATION, SOUTH SAMPLE

Mobility Problem	Age			Subpopulation		
	50-64 (n=215)	65-74 (n=106)	75+ (n=49)	Status (n=198)	Non-Sta. (n=44)	Metis (n=129)
Trouble walking	32.1%	43.4%	51.0%	40.7%	43.2%	31.0%
Trouble leaving house	6.5	15.1	32.7	14.7	13.6	8.5
Trouble in/out of car	7.4	18.9	28.6	14.7	18.2	10.1
Trouble climbing stairs	34.0	48.1	57.1	40.9	47.7	38.8
Trouble walking over two blocks	39.1	49.1	63.3	49.3	50.0	36.7

Problems with mobility and poor health affect the types of daily tasks and chores that older Indian and Metis elderly are able to accomplish (Table 6.13). In total, 49.8 per cent of the respondents in the south and 73.4 per cent in the north report at least one task for which they require, but not necessarily receive, assistance. Increasing age has a significant impact on the ability of a respondent to live independently. The higher number requiring assistance in the north was strongly influenced by the need to haul water and wood. In the south the lack of English language skills also hampers independence. Of those who are not proficient in English 31 per cent require help to shop while 21 per cent require assistance for banking and paying bills.

TABLE 6.13

PERCENTAGE OF SAMPLED INDIAN AND METIS ELDERLY HAVING TROUBLE WITH SELECTED TASKS*

Task	% of Respondents		South by Age		
	South (n=372)	North (n=62)	50-64 (n=215)	65-74 (n=106)	75+ (n=49)
Trouble preparing meals	11.3%	11.3%	5.1%	15.1%	30.6%
Trouble bathing/ grooming/dressing	10.5	11.3	5.6	15.1	20.4
Trouble with household chores**	15.3	35.5	9.8	23.6	22.4
Trouble shopping	18.0	27.4	9.8	28.3	32.7
Trouble banking	12.4	22.6	6.1	21.7	20.4
Trouble with large household chores**	27.6	37.1	22.8	32.1	40.8

* More than one response allowed.

** In the north this statistic is higher because many of the elderly need assistance with wood and water delivery.

6.8. CONCLUSION

The first part of this chapter explored various aspects of the perceived health of the Indian and Metis elderly. It was discovered that approximately 60 per cent of the sample consider themselves to be in 'fair' or 'poor' health. A direct relationship between self-rated health and feelings of sadness is also demonstrated.

The chapter next focused on the acute and chronic health disorders found in the sampled population. Although the proportion of native elderly who have at least one health disorder (80%) is in keeping with that of other older Canadians, the types of problems are different. For example, diabetes afflicts an estimated 5 to 8 per cent of Canadian seniors compared to 30 per cent of the subpopulation of older Status Indians. Dental problems are also apparent and were reported by as many as 53 per cent of the respondents in the south and 71 per cent in the north.

A significant number of Indian and Metis elderly report arthritis or a back, leg, or foot problem. Close to 40 per cent of the sample have trouble walking, yet few have any kind of an assistive device.

Finally, it was shown that health and mobility constraints cause more than half of the Indian and Metis elderly to require (but not necessarily receive) assistance in performing daily household tasks.

In concluding this chapter, it is appropriate to present a profile of an elderly native woman whose daily struggle with health and immobility have been thwarted by an unsuitable housing arrangement.

THE FIRE TRAP

Annie is an elderly Indian woman who has lived in the big city for almost ten years now. She and her 16 year old grandson, Oliver, pay $375 a month to rent the apartment above an old store ... four flights of stairs ... the third place they've lived this year.

Annie, a heavy set woman, has been sick a long time. She says "language - it was hard - doctors didn't know what was wrong with me - my diabetes." She has now lost both feet to the disease and sits in a wheelchair which has one arm missing. When she leaves the apartment, twice a week for treatment for her severe diabetes, her children come to carry her down the four flights of stairs and into the taxi.

Annie is unable to administer her own insulin and each day one of her grandaughters comes across town on the bus to assist her.

Annie remembers her younger days when Indian medicine was available: "[I] used it all the time when I was young. There used to be Indian doctors long ago. Now [there's] nobody."

Oliver, a slightly-built boy, would like to get out more but he does not want to leave his grandma and feels badly that she is alone while he goes out to school each day. Oliver and Annie never hear of Indian ceremonies and pow wows and Annie wouldn't mind attending a seniors' activity centre.

But right now Oliver's concern is his grandma. How will he ever get her out of the attic if there is a fire? ... he turns back to the T.V., his favourite pastime, and comments that a social worker is looking for another apartment for them. Maybe tomorrow ...

CHAPTER VII

THE USE OF FORMAL AND INFORMAL CARE SERVICES BY THE INDIAN AND METIS ELDERLY

"WHEN HER GRANDCHILD CAME OUTSIDE SHE WOULD TEASE THE GRANDCHILD. [THE] RESPONDENT'S SON HAS MADE A SMALL SUITE IN ONE OF THE BEDROOMS SO SHE CAN HAVE HER MEALS AND VIEW T.V. IN PRIVATE. HER SON APPEARS VERY PROTECTIVE AND CONCERNED ... HE WORRIES THAT [HIS MOTHER] IS NOT GETTING OUT ENOUGH. HER ONLY FORM OF SOCIALIZATION IS TO GET DRIVEN TO THE BUS DEPOT WHERE SHE CAN MEET OTHER NATIVES [WHO ARE] GETTING ON AND OFF THE BUS. 'I LIKE TO GO AROUND AND OBSERVE OTHER INDIANS. I GIVE THEM NOTHING. I ASK FOR NOTHING.' BUT EVEN THERE [AT THE BUS DEPOT] SHE GETS ASKED TO LEAVE, POSSIBLY BECAUSE OF OTHERS THAT ARE DRINKING AND LOITERING AROUND."

(Interviewer's observations on a crippled native woman.)

CHAPTER VII

THE USE OF FORMAL AND INFORMAL CARE SERVICES BY THE INDIAN AND METIS ELDERLY

7.1. INTRODUCTION

As the chapters of this report progress, evidence continues to accumulate on the special concerns and unmet needs of the Indian and Metis elderly. Poor health, personal mobility problems, and the need for assistance in the basic activities of daily living, make clear the potential dependence of this population upon a wide range of care services.

Care services[33] can be classified into two broad categories: formal and informal. Formal services are those obtained through an agency or service organization and may or may not have a fee attached. Examples include home nursing, meals-on-wheels, and friendly visitor services. Informal services, on the other hand, serve many of the same functions as formal services but are provided by family and friends.

The families of native seniors can play several important roles in the delivery of both formal and informal care. For those seniors who choose to use the informal system, the family can function as direct providers of their care (John, 1985, p. 231). This function can be particularly important for a highly mobile population such as the Indian and Metis elderly. When a senior is new to a community or neighbourhood, they do not yet have an established pattern of friendships to sustain them in their times of need. Family support can often fill that gap. Close socialization with the family can also be seen as a positive means of reinforcing the continuity of culture and traditional languages, and in essence provides a setting where "the ability to 'care about' is equally important [as] the ability to 'take care of'" (Boettcher, 1985, p. 30).

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[33] Care services, as defined here, are not intended to include those services provided by a physician or hospital.

Another important role of the family is to provide a link between the senior and the formal system should a special need arise (Murdock and Swartz, 1978 as reported in John, 1985, p. 231). It is important that the families of native seniors be aware of the range of services offered by the community as it is often difficult for service agencies to locate elders living with younger generations (Alberta Culture, 1986, p. 35). Care must be taken to avoid situations where the family environment is so protective and self-sufficient that it isolates the senior and stops them from interacting with the community (Weeks and Cuellar, 1983, p. 379). Further, there must be awareness that the informal support system may make reciprocal demands which may put a burden on the senior. Examples might include heavy caregiving responsibilities, such as babysitting, or financial contributions which amount to more than the senior's fair share of the household's expenses.

In sum, while both the formal and informal support systems should ideally be available for use by all of the Indian and Metis elderly, we expect that this is greatly optimistic. This chapter will attempt to analyze the use of formal and informal services by the off-reserve native elderly in Saskatchewan. In doing so it will become apparent that, while preferences may be for the informal system of care,[34] a choice is not always available. Those native seniors desiring access to the formal system are not always fully aware of the available services and in some areas services are just not available. Access to the formal system is also at times hampered by language and cultural barriers, affordability problems, and transportation difficulties.

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[34] Preliminary research in Manitoba suggests that the native elderly in that province favour the informal care system (Young, 1984, p. 8 and Bienvenue and Havens, 1986, p. 246).

7.2. AN OVERVIEW OF THE USE OF FORMAL AND INFORMAL CARE SERVICES BY THE INDIAN AND METIS ELDERLY

7.2.1. SOURCES OF ASSISTANCE FOR ACTIVITIES OF PERSONAL CARE

> **"I broke my hip in a fall two years ago so it's hard to get in the tub. Now I never take a bath or a shower."**
>
> (Older native woman living alone with a young child.)

Activities of personal care can be described as those which are essential to daily living and the maintenance of a healthy lifestyle. They include such things as meal preparation, household chores, bathing, grooming, and the ability to leave the home to shop and take care of financial matters (refer back to Table 6.13). If an older person is unable to accomplish tasks of personal care, it is essential that they receive assistance.

One of the saddest examples of unmet personal care needs was observed in an urban native gentleman who lives alone. A back injury prevents him from being able to pull himself to an upright position and each day he crawls around his home until a relative or neighbour comes by to help him stand. In yet another situation, an elderly native was found living alone in a dark basement apartment which requires major repairs. Four years ago this widowed woman was the victim of a truck accident, while living on the reserve. She lost the use of an arm and now suffers from severe and chronic kidney problems which require constant medical supervision available only in a major city. At first her family came into the city to stay with her but as time went by they gradually all moved back to the reserve. The interviewer observes:

> Watching her make tea and trying to fend for herself was a pitiful situation ... I asked her why she had not requested a family worker to do her required tasks. She stated that she ... was not told of family workers or of any other services ... if she was told in English she would not have understood what they were telling her ... She did not know the names of any organizations such as the Metis Society or Friendship Centre. The day she can return to the reserve and see all of her relatives [is what] keeps her going [even though four years have gone by].

Fifty per cent of the respondents in the south and 73 per cent in the north indicate that they require assistance with at least one item of personal care. In both the south and the north, approximately two-thirds of those requiring assistance 'always' or 'usually' receive the necessary help. More importantly, for purposes of defining unmet needs, the remaining one-third either 'never' receive help (17% in the south and 15% in the north) or 'only sometimes' receive help (13% in the south and 19% in the north).

For those receiving assistance with personal care, 79 per cent in the south and 90 per cent in the north use only informal sources. In both samples, families are the most important caregivers and, in particular, their children and grandchildren (Table 7.1).

TABLE 7.1

SOURCES OF ASSISTANCE FOR PERSONAL CARE ACTIVITIES,*
NON-INSTITUTIONALIZED SAMPLED INDIAN AND METIS ELDERLY

Source of Assistance	% of All Respondents Who Receive Assistance**	
	South (n=165)	North (n=40)
Live-in child or grandchild	35.2%	47.5%
Live-out child or grandchild	29.1	36.6
Spouse	14.5	15.0
Other relative	26.7	10.0
Neighbour or friend	9.7	10.0
Agency or service organization	20.6	10.0

* Personal care activities include: walking, meal preparation, climbing stairs, leaving the house, bathing, grooming, dressing, housing maintenance, getting in and out of a car, shopping, and banking.

** Respondents were allowed more than one response.

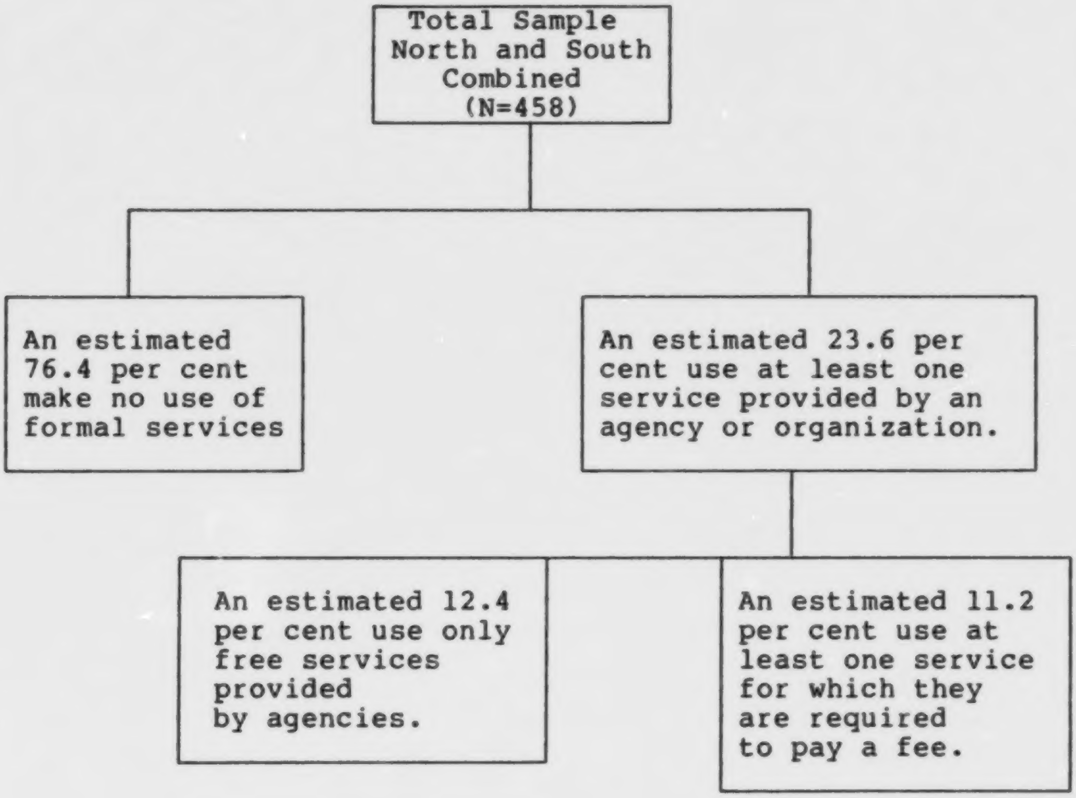
7.2.2. A BROADER DEFINITION OF CARE SERVICES

In a more comprehensive context, the use of care services by the Indian and Metis elderly can be expanded beyond those previously described as 'personal care services' to include a second level. The second level of care services are used less frequently but nevertheless further enhance the quality of life. Second level care services include chiropody, physiotherapy, home nursing, mobile crisis units, day care, counselling, and friendly visitor services. Also included in this second level of services are special transportation, food banks, soup kitchens, and translation services.

When this second level of care services is considered together with personal care services, the total use of formal agencies by the native elderly is still very low. Table 7.2 shows that when the north and south samples are combined, an estimated 76.4 per cent of all respondents living in private households make no use of formal care services. Of the 23.6 per cent who do use formal care services, approximately half use only those services which are provided free-of-charge.

TABLE 7.2

OVERVIEW OF THE USE OF FORMAL AND INFORMAL CARE SERVICES BY SAMPLED INDIAN AND METIS ELDERLY*



Total Sample North and South Combined (N=458)

An estimated 76.4 per cent make no use of formal services

An estimated 23.6 per cent use at least one service provided by an agency or organization.

An estimated 12.4 per cent use only free services provided by agencies.

An estimated 11.2 per cent use at least one service for which they are required to pay a fee.

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* Includes only those who are not living in an institution.

7.3. THE INFORMAL CARE NETWORK OF THE INDIAN AND METIS ELDERLY

7.3.1. INTRODUCTION

As indicated by data presented in the first two sections of this chapter, the Indian and Metis elderly are highly dependent upon their families for care. Ninety-four per cent of the respondents in the south and 95 per cent in the north said that they have someone to whom they feel very close. Similarly, when respondents were asked if they had someone upon whom they could call in case of an emergency, 95.6 per cent of the respondents in the south and 98.1 per cent in the north said 'yes.'[34] When asked who they would call, over 40 per cent of the respondents mentioned a 'child' (Table 7.3). Once again, the reliance of the Indian and Metis elderly upon a strong system of family support is very evident.

Table 7.3

PERSON(S) WHO WOULD BE CALLED IN AN EMERGENCY
BY SAMPLED INDIAN AND METIS ELDERLY

Person Called	% of Respondents* South (n=302)	% of Respondents* North (n=48)
Child	43.7%	45.8%
Grandchild	3.0	6.3
Spouse	10.9	4.2
Other specified family member	24.8	10.4
Unspecified family member	12.9	16.5
Friend or neighbour	18.2	22.9
Medical person	6.3	6.4
Social worker/police	0.3	4.3
Other people	1.7	0.0

* More than one response allowed.

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[34] These figures compare favourably with those of the general senior population of Saskatchewan. Previous research by the Senior Citizens' Provincial Council (1987, Table 2.11, p. 32) shows 97 per cent of urban seniors and 96 per cent of rural seniors had someone to call upon in the event of an emergency.

7.3.2. THE CHILDREN OF THE INDIAN AND METIS ELDERLY

The dependency of the Indian and Metis elderly upon their children, singles out children as a group requiring special consideration in this report. In past surveys of the general Saskatchewan senior population (Senior Citizens' Provincial Council, 1987, Table 2.12, p. 33), 11.5 per cent of urban seniors and 17.9 per cent of rural seniors were found to be without any living children. In comparison, the percentage of Indian and Metis elderly having no living children is very low; 4.8 per cent in the south and 1.9 per cent in the north. In addition to the natural children of the respondents, 17 per cent of the households in the north and 10 per cent of the households in the south also mentioned at least one 'adopted' or foster child. As the question on children was not specifically designed to distinguish between legally adopted children and natural children of the respondents, we suspect that, where a respondent volunteered the information that they have an 'adopted' child, the adoption may be more a guardianship or foster situation.

Data collected in the current study were consistent with the trends set out in the Census.[35] The sampled population of native people, age 50 and over, had parented an average of 6.2 children in the south and 6.5 children in the north (Table 7.4). In the south, cross-tabulations show some variation in the number of children by Indian subpopulation. Status Indians averaged 6.5 children, Non-Status Indians 5.3 children, and Metis 5.6 children.

---

[35] The 1981 Census reports that 'ever-married' non-native women, age 45 and over, had given birth to an average of 3.3 children each and those age 65 and over averaged 3.2 children each. In comparison the Census reported the average number of children borne to 'ever-married' native women age 45 and over was 6.1, and 6.3 for those age 65 years and older (Statistics Canada, 1984).

TABLE 7.4

NUMBER OF CHILDREN PARENTED BY THE SAMPLED INDIAN AND METIS ELDERLY

Number of Children	% of Respondents* South (n=331)	% of Respondents* North (n=52)
None	4.8%	1.9%
One	5.4	3.8
Two	6.9	13.5
Three	9.1	7.7
Four	8.5	9.6
Five	9.7	11.5
Six	11.2	3.8
Seven	11.2	11.5
Eight	8.5	7.7
Nine	6.3	5.8
Ten	4.8	7.7
Eleven	5.7	0.0
Twelve	3.3	3.8
Thirteen	1.5	5.8
Fourteen	2.1	1.9
Fifteen	0.0	3.8
Sixteen	0.3	0.0
Seventeen	0.3	0.0
Eighteen	0.0	0.0
Nineteen	0.0	0.0
Twenty	0.3	0.0

* Includes spouse if applicable.

Although it is known that isolation of the elderly can occur when other family members live at a distance (Weeks and Cuellar, 1983), research on seniors who have living children continues to indicate that most have at least one child who is relatively accessible.[36]

Data presented in Chapter V shows that most of those urban elderly natives who have at one time lived on a reserve have migrated to a city which is within close proximity of their reserve. We might now ask, where are the children of the Indian and Metis elderly living in relation to their parents? Have economic forces, for example, caused many to move great distances in search of employment?

The respondents in the south listed a total of 2,037 offspring. Of these children, locational information was given on 1,900. Similarly, respondents in the north listed 338 offspring and locational information was available on 319. Table 7.5 summarizes this information. Approximately one-half of all the children live in the same community as their parents. In the south, only 16.6 per cent of the respondents' children have left the province and it is sad to note that, in the north, a greater percentage of children have died (9.7%) than have left Saskatchewan (8.2%). For those children who have left the province, Alberta and Manitoba are the most popular desinations (Figure 7.1).

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[36] Recently a study by Rosenthal of older people living in Hamilton, Ontario, found that as few as 11 per cent of those with children live more than 1½ hours from the nearest child (Driedger and Chappell, 1987, p. 74). Similarly, a recent survey of the elderly, who live in northeastern New York State and have living children, discovered that over three-quarters have at least one child within an hour's travelling time (Stoller and Stoller, 1987, p. 316).

FIGURE 7.1

LOCATION OF CHILDREN WHO ARE LIVING OUTSIDE OF SASKATCHEWAN, SAMPLED INDIAN AND METIS ELDERLY (N=342)

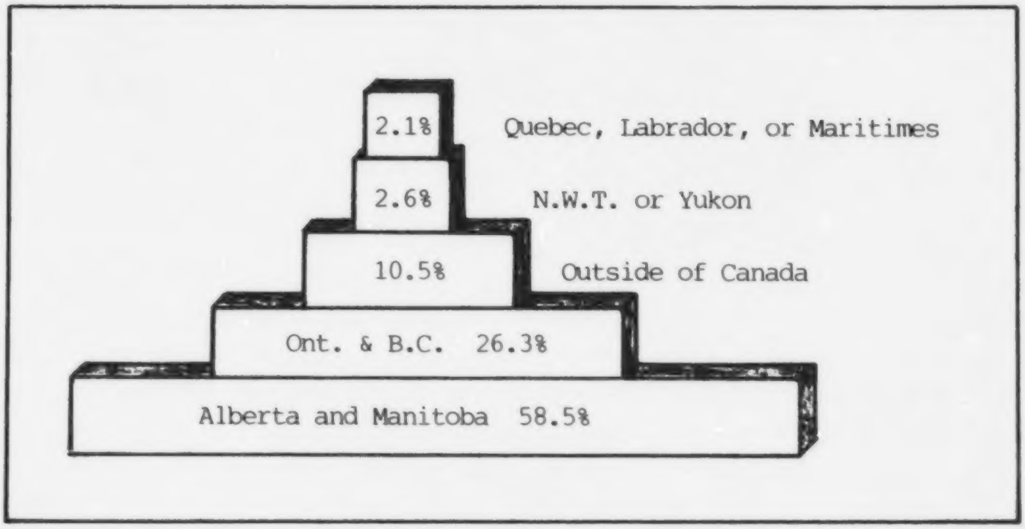

TABLE 7.5

LOCATION PATTERNS OF CHILDREN OF SAMPLED INDIAN AND METIS ELDERLY

Location of Children	Children in South		Children in North	
	#	%	#	%
	(n=1900)		(n=319)	
Child lives in same community as parent	876	46.1%	176	55.2%
Child lives in Saskatchewan location within one hour drive of parent's home	189	10.0	19	6.0
Child lives in Saskatchewan location over one hour drive of parent's home	386	20.3	63	19.7
Child lives outside of Saskatchewan	316	16.6	26	8.2
Child deceased	93	4.9	31	9.7
Parent has lost track of child	40	2.1	4	1.3

Considered in this aggregate form, the migrations of the children relative to the community in which their parents currently reside are very conservative. Leaving the aggregate statistics aside and instead focusing on the effect of child locations on individual households, the proximity is even more pronounced. Seventy-six per cent of the households in the south have at least one child who lives in the same community as the parent while in the north the proportion is even higher at 82 per cent.

7.3.3. THE CAREGIVING RESPONSIBILITIES OF THE INDIAN AND METIS ELDERLY

> **"She was very pleasant during the interview and often checked out her answers with her grandson. She really liked her grandson and told countless stories about him and bragged about how good he was ... at football [and] washing his own clothes ... He had lived with her since he was 2 months old."**
>
> (An interviewer's observations on a Metis woman in her early 60's.)

Forty-two per cent of the respondents in the south and 60 per cent in the north report that they 'often' have caregiving responsibilities. The percentage having caregiving responsibilities is shown to be higher among Status Indians than for the other two subpopulations. In the south, 48 per cent of Status Indians, 37 per cent of Non-Status Indians, and 35 per cent of Metis 'often' take care of somebody.

Table 7.6 shows that, of those who have regular caregiving responsibilities, grandchildren are most often the recipients of that care. Cultural traditions among native people show a strong bond in grandparent-grandchild relationships. However, it is suspected that economic and social pressures may also be important in defining the babysitting duties of the native elderly. For example, grandparents may be in a natural position to offer support to younger families headed by a single parent.

Although the present study did not directly question the elderly on their feelings about their caregiving responsibilities, when asked what activities they most enjoy doing, babysitting ranks in the top four out of more than 30 activities mentioned. It appears that reciprocity or mutual giving is an important ingredient in the strongly developed informal care networks upon which the native elderly have come to depend.

TABLE 7.6

PERSON(S)* CARED FOR BY SAMPLED INDIAN AND METIS ELDERLY

Person Cared For	South		North	
	% of All Caregivers (n=159)	% of Total South Sample (n=378)	% of All Caregivers (n=36)	% of Total North Sample (n=60)
Spouse	12.6%	5.3%	19.4%	11.7%
Other family member	6.3	2.6	8.3	5.0
Friend	1.3	0.5	0.0	0.0
Grandchild	62.3	26.2	80.6	48.3
Child (theirs)	20.1	8.5	5.6	3.3
Other relatives' children	2.5	1.1	0.0	0.0
Other	5.7	2.4	0.0	0.0

* More than one response could be given.

7.4. THE UNMET CARE NEEDS OF THE INDIAN AND METIS ELDERLY

> **"I'm sickly - I feel like a burden ... I have canes - had crutches ... boys stole my crutches - broke them ... My brother used to help me. Now he needs help - he's paralyzed. Sometimes I get a housekeeper - doctor's orders - I don't use them though.**
>
> (Native gentleman in very poor health and living alone in a rooming house.)

To summarize the chapter to this point, less than 25 per cent of the non-institutionalized Indian and Metis elderly use agencies or service organizations for their support care. Assistance to the native elderly is largely provided by their families and in particular their children and grandchildren.

Approximately one-third of those who require assistance with their daily care 'only sometimes' or 'never' receive the necessary help. Further, it might be suspected that many of the Indian and Metis elderly, who have mobility and health problems, may require specialized care services which are beyond the expertise and resources of their families. Thus, it was imperative that each questionnaire be scrutinized for gaps in care which might be alleviated through the services provided by formal agencies or service organizations. Toward this end, Table 7.7 summarizes the current use of, and demand for, formal support services by the Indian and Metis elderly.

Several deficiences in the care needs of the Indian and Metis elderly are evident in Table 7.7. Data shows that in the north the native elderly are having great difficulty affording food. Thirty-seven per cent of the native elderly households in the north contribute over $400 a month toward food compared to only 8 per cent in the south. As well, agencies such as food banks and soup kitchens are options which are available to the households in the south but are largely unavailable in north.

TABLE 7.7

SUMMARY OF CURRENT USE AND DEMAND FOR FORMAL CARE SERVICES, INDIAN AND METIS ELDERLY, SAMPLED POPULATION

Agency-Based Service	% of Respondents Now Using Service	% of Respondents Not Using But Requesting Such a Service
Home Nursing		
South (n=375)	7.2%	12.5%
North (n=60)	5.0	15.0
Transportation		
South (n=375)	5.9	27.7
North (n=60)	5.0	23.3
Shopping/Banking		
South (n=375)	1.1	5.6
North (n=60)	8.3	8.3
Friendly Visitor		
South (n=375)	0.5	12.5
North (n=60)	0.0	1.7
Translator		
South (n=375)	0.0	9.1
North (n=60)	0.0	10.0
Mental Health Counselling		
South (n=375)	1.3	4.8
North (n=60)	1.7	3.3
Addiction Counselling		
South (n=375)	0.8	5.9
North (n=60)	1.7	3.3
Adult Day Care		
South (n=375)	0.3	2.3
North (n=60)	0.0	0.0
Food Bank/Soup Kitchen		
South (n=375)	5.1	2.4
North (n=60)	0.0	20.0
Meals-on-Wheels		
South (n=375)	0.5	1.3
North (n=60)	1.7	0.0

Table 7.7 also indicates that more than 12 per cent of the respondents in the south request some type of formal 'friendly visitor' service. Thus, the topic of loneliness must be given due consideration and will be explored in a later section of this chapter.

Home nursing is another area where there is an unmet need of some significance in both the north and the south. If the percentage of those currently receiving home nursing services (5 to 7%) is added together with the percentage of those now requesting the service (12 to 15%), then an estimated 20 per cent of all respondents would appear to need home nursing. Given this statistic, and recalling the poor health of the sampled population, the option of institutional care is one which will also receive further attention in this chapter.

Finally the sampled native elderly in both the north and the south have significant unmet transportation needs. The transportation patterns and problems of the native elderly will be discussed, at length, in the next chapter of this report.

7.5. THE USE OF LONG-TERM CARE FACILITIES BY THE INDIAN AND METIS ELDERLY

> **"Unlike other people who put their elderly away in nursing homes, we as Indians don't put away our old people. We want to keep them, to hang onto them as long as we can."**
>
> (Status Indian Female, Age 50-55)

7.5.1. LOW UTILIZATION RATES

The move into a long-term care facility is in itself stressful and can be accompanied by a profound sense of loss. An older person moving to a care facility must part with possessions, familar surroundings, and established social networks. At the same time they may be adjusting to other crises such as a sudden decline in health or the death of their spouse. If the individual is a member of a group whose cultural and language traditions are not recognized in the care setting, the trauma of the move can be even greater (MacLean and Bonar, 1983, p. 53).

The current survey supports the findings of other research regarding the low representation of native seniors in long-term care facilities. In Regina, in July of 1986, the administrators of nine of the ten major licensed special care homes were contacted by means of a telephone survey and asked how many of their facility's residents they would estimate to be of aboriginal origin. Of an estimated 1,329 beds, administrators were able to list only nine names of residents who they knew to

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[37] There are no licensed special care homes in the north.

be of native descent (Table 7.8). It should be noted that only a couple of the nine residents identified in Regina were actually included in the Council's survey and the 19 individuals living in special care home facilities who are included in the survey, and discussed on the following pages, come from facilities located in all five of the communities surveyed in southern Saskatchewan.

TABLE 7.8

ESTIMATED NUMBER OF INDIAN AND METIS ELDERLY IN LICENSED SPECIAL CARE HOMES,* REGINA, JULY, 1986

Name of Institution	Total Number of Beds	Residents** Identified as Indian & Metis #	%
Regina Pioneer Village Ltd.	513	2	(0.4%)
Santa Maria	114	1	(0.9)
Extendicare Rae	65	0	(0.0)
Extendicare Parkside	228	2	(0.9)
Extendicare Sunset	152	2	(1.3)
Regina Lutheran	90	0	(0.0)
Eventide Home	75	2	(2.7)
Mutchmore Lodge	70	0	(0.0)
Martin Luther	22	0	(0.0)
	1,329	9	(0.8%)

* Excludes only the 35 bed Qu'Appelle House.

** Indian and Metis residents were identified by a telephone survey of the Administrators of the respective Special Care Homes, July, 1986, by the Senior Citizens' Provincial Council.

Several explanations have been offered for the low rate of institutionalization among the native elderly and other ethnic groups. First, the lower life expectancy of this population is seen as lessening their chance of being admitted to a long-term care facility (Morrison, 1983, p. 129). In Saskatchewan, for example, the average age for residents in licensed special care homes is 84.5 years (Saskatchewan Health, Continuing Care Division, 1987a). With average lifespans ten years below those of the general population, native seniors, in their later years, are more likely to have available to them a child who has not yet reached old age. For those native people who are placed in a nursing home at a relatively young age, the difference between their age and those of other residents may cause difficulty. A native woman in her 60's who has been institutionalized comments:

> "[I have] no one to talk to. I'd like to see younger people come in to talk to [us]. You really can't understand them [other residents] ... I feel a lot younger than my age - I've always been around younger people ..."

Yet another explanation centers on the theory of "cultural aversion." That is, certain ethnic populations "subscribe to the cultural value of caring for one's own" (Morrison, 1983, p. 132). Large family sizes and the propinquity of children could be seen to reinforce this hypothesis.

The current survey adds additional explanations for the low use of long-term care facilities by the Indian and Metis elderly. First, the native elderly are not fully aware of the long-term facilities in their community. Each of the surveyed communities in the south have long-term care facilities but 24.5 per cent of the native elderly in these communities are not aware of the facilities. There is not a large difference in awareness between Status Indians (28.5% were unaware) and Metis (22.4% were unaware).[38] English language skills are important, however, in defining awareness of long-term care facilities. Thirty-eight per cent of those with poor English skills are unaware of the long-term care facilities as compared to 21 per cent of those who speak English well.

Second, the caregiving responsibilities of some individuals are such that they are unable to live in a care facility. A Status Indian woman in her late 60's and having a debilitating heart disease said, "Yes, I would stay in a nursing home if I were living alone, but I take care of my two grandsons."

Third, in a small number of cases, the survey detected 'myths' or bad rumours surrounding treatment in long-term care facilities. "They are pulled out of bed and they're gone" or "the old folks home here is haunted, so the old people say. A man died there and they say they hear him knocking on the doors."

For those 19 native seniors who were living in long-term care facilities when interviewed, as well as three others who had once lived in nursing homes, the scene portrayed is not a positive one. Seven, or approximately one-third of these 22 individuals had either made multiple moves between long-term care facilities, or had moved out completely. One gentleman in his 80's was in his fourth nursing home when interviewed, while another respondent, also in her 80's, observed:

> "I like it here but not at any other place. I was in a couple of other nursing homes. They didn't give a damn if you don't eat. Some people left [my present home] to go live in those homes and they were dead in a month."

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[38] Only 11 per cent of the Non-Status Indians are not aware of long-term care facilities, however, the sample size was only 36.

An older native woman, once in a special care home, vows never to be institutionalized again. The interviewer writes:

> This heavyset woman refuses to go to an old folk's home. She has been in a few but ran away ... She looks like she has an extreme mobility disorder [and] she can't hear very well. She says "I'm not going. I told the police, I'm not going to one."

Of the remaining 15 individuals who have been institutionalized, one never receives visitors and two others receive a visitor only every six months. Loneliness among institutionalized native elderly is a concern of many respondents: "My sister died five years ago. She died in a nursing home ... There was nothing wrong with her ... she died of loneliness." One lonely resident told the interviewer of his three year stay in a home:

> I was sick and I had to come here ... I don't like it here. They don't listen to me ... This is not my home ... This is a jail where we are locked up. We can't go anywhere ... I came from ——. I want to move back to ——. I can go to Pow Wows in the reserve. Pow Wows are not for town ... I want Indian medicine to get home.

Another resident, who commented that the interviewer was her first visitor in six months, has adopted a more optimistic outlook:

> I like it here. I get whatever I need. I eat six times a day. I don't like it that I live with somebody else [shares a room]. Some day I will have my own room. They shouldn't crowd these places!

7.5.2. THE UNMET NEED FOR INSTITUTIONALIZATION

> **"It's a lonely place but [nursing homes] have to be good because they take care of old people like me and I don't have to be a burden to my family."**
>
> (Widowed Status Indian, Age 80-85)

Even from the evidence yielded by the present survey of those in special care homes, we can see how one might easily conclude that long-term care facilities are not accepted by the native population. Morrison (1983, p. 132), however, cautions policymakers to avoid "overselling" the "cultural aversion hypothesis." She says:

> The easy and unquestioning acceptance of this view will result in a denial of service to minority aged and their families who may subscribe to the cultural value of "caring for one's own" but lack the capacity to act on that value without significant assistance from the formal service system.

Traditional native family support systems are undergoing tremendous changes. More women are entering the labour force; women who would have once been available in the home to care for their aged relatives (Alberta Culture, 1986, p. 41; Morrison, 1983, p. 131; and MacLean and Bonar, 1983, p. 53). As younger generations of native people successfully advance through the educational system, employment and further educational opportunities may well pull them away from the community where their parents reside. A Manitoba survey by Indian and Northern Affairs Canada (1986, p. 44) has found that 12 per cent of on-reserve Indian elderly are living alone and an additional 13 per cent are couples not living with children. Evidence presented in the current survey shows that in urban centres the Indian and Metis elderly are as likely to be living alone as are other seniors in the province.

These trends, coupled with statistics on poor health and mobility, prevent us from excluding the institutional option for the native elderly. Further, many of the non-institutionalized Indian and Metis elderly have either positive views of long-term care or suggestions for improvement. In fact, when the Indian and Metis elderly were questioned as to their preferred caregiver, if they were to become ill for an extended period of time, special care homes rank second (Table 7.9). Of those offering comments of a more general nature, fully 51 per cent of the south respondents and 49 per cent of the north respondents felt that nursing homes are a good care option for those that need them.

TABLE 7.9

PROVISION OF CARE PREFERRED IF ILL
FOR EXTENDED PERIOD, SAMPLED INDIAN AND METIS ELDERLY

	% of Respondents*	
	South (n=358)	North (n=61)
Immediate family	57.5%	67.2%
Special Care Home	22.6	18.0
Other relatives	8.1	8.2
Friend/neighbour	1.7	3.3
VON/Homemaker	6.1	0.0
Do not know	8.4	8.2
No one	4.7	1.6

* More than one response allowed.

7.5.3. SENSITIZING LONG-TERM CARE FACILITIES TO THE SPECIAL NEEDS OF THE INDIAN AND METIS ELDERLY

Of those commenting on nursing homes (n=252), 15 to 20 per cent in the south asked for facilities totally for native people. Others comment that satisfactory care for the native elderly might be achieved in existing homes if cultural variables are given more recognition. The importance of cultural recognition in the care of minority elderly is well documented in the literature and when these findings are considered, along with those highlighted in the current survey, several key points emerge:

1. Geographic Location

   - Loneliness is epidemic in homes for the aged and it is important to consider the location of those to whom the patient feels closest when making the placement.
   - A survey of visitation patterns for Registered Indians who now reside in long-term care facilities, both on and off-reserve, notes that those who are patients in on-reserve facilities "were reported to be twice as likely to receive frequent visits from family and friends" (Indian and Northern Affairs Canada, 1986, p. 69).
   - For those members of special cultural groups living in the city, greater utilization of the long-term care facility and more volunteer visitors are evident if the facility is placed in a neighbourhood inhabited by people of that culture (Morrison, 1983, p. 133).

2. Availability of Counselling Services

   - In a cultural group which places value in 'caring for their own,' both the families and the elderly themselves may experience shame or guilt when placement in an institution is required (MacLean and Bonar, 1983, p. 53 and Morrison, 1983, p. 133). Special counselling services may help to ease the transition and to resolve conflicting values (Morrison, 1983, p. 133).

3. Board Membership and Staffing

   - Statistically significant relationships have been found between "minority representation on the Board of Directors/ Advisory Council" and "the extent to which agencies serve a representative proportion of minorities" (Holmes et al, 1979, p. 394).

- Native people should be included on staff, and non-native staff should receive a course in appreciation and sensitivity of the value system of native cultures.

4. Language

- Clarkson (1977, p. 31) notes that the degree of impairment among the institutionalized includes many communication barriers (i.e. deafness or speech impairment from a stroke). He comments that to "couple this with the inability of many older Indians to speak English, converts an already strange environment into a terrifying one."
- When no one in the facility speaks the elder's language they are often forced to resort to non-verbal communication through signs and gestures. In a time of great need this can "add a dehumanizing element to the interaction" process (MacLean and Bonar, 1983, p. 54).
- When an elderly native having difficulty with English is admitted to a long-term care facility, at least one staff member should be conversant in that person's language. Failing this, formal arrangements should be made for an interpretor to be available at least once or twice a week to act as a liaison between patient and medical personnel.
- When an elder is unable to comprehend the language being spoken there is also the potential for mannerisms and voice tones of the staff to be misunderstood and to upset the elder (MacLean and Bonar, 1983, p. 54).
- The administrators of care facilities should also be encouraged to ensure frequent visitation from the native community when a patient with poor English skills is admitted.

5. Thoughts on Traditional Diet and Culturally-Significant Events

- Food -

  "Long ago they said 'Don't eat certain foods before going to sleep. Use the food at the proper time ... Indians have stronger health because they eat from fresh natural foods that come from nature. Now there's a lot of weakened elderly due to chemicals and canned food ... They should study this for nursing homes" (Status Indian male, age 55 to 59).

- Recreation

  Attention should be paid to celebration in the nursing home of culturally important holidays and the availability of familiar music, art forms, dancing, and recreational activities (Morrison, 1983, p. 137).

7.5.4. THE USE OF TRADITIONAL MEDICINE

> **"She would want her privacy [in a nursing home] and be with native people because she prays in the Indian way and uses sweetgrass which might not be acceptable to a non-Indian."**
>
> (Interviewer's observation of an elderly native woman.)

This review of the use of long-term care and health facilities by the Indian and Metis elderly has also raised awareness of the importance of traditional native medicine in the lives of many of the respondents.[39] The subject of traditional medicine is a sensitive one and the Senior Citizens' Provincial Council did not think it appropriate to question respondents directly on their use of it. Instead a question was phrased in the following non-personal way: "Has the use of traditional Indian medicine changed?" For some, even when approached in this indirect way, the topic was "too sacred" to discuss. Many others, however, did comment and some of these comments are presented on the next four pages in pictorial form, by location of the respondent's residence.

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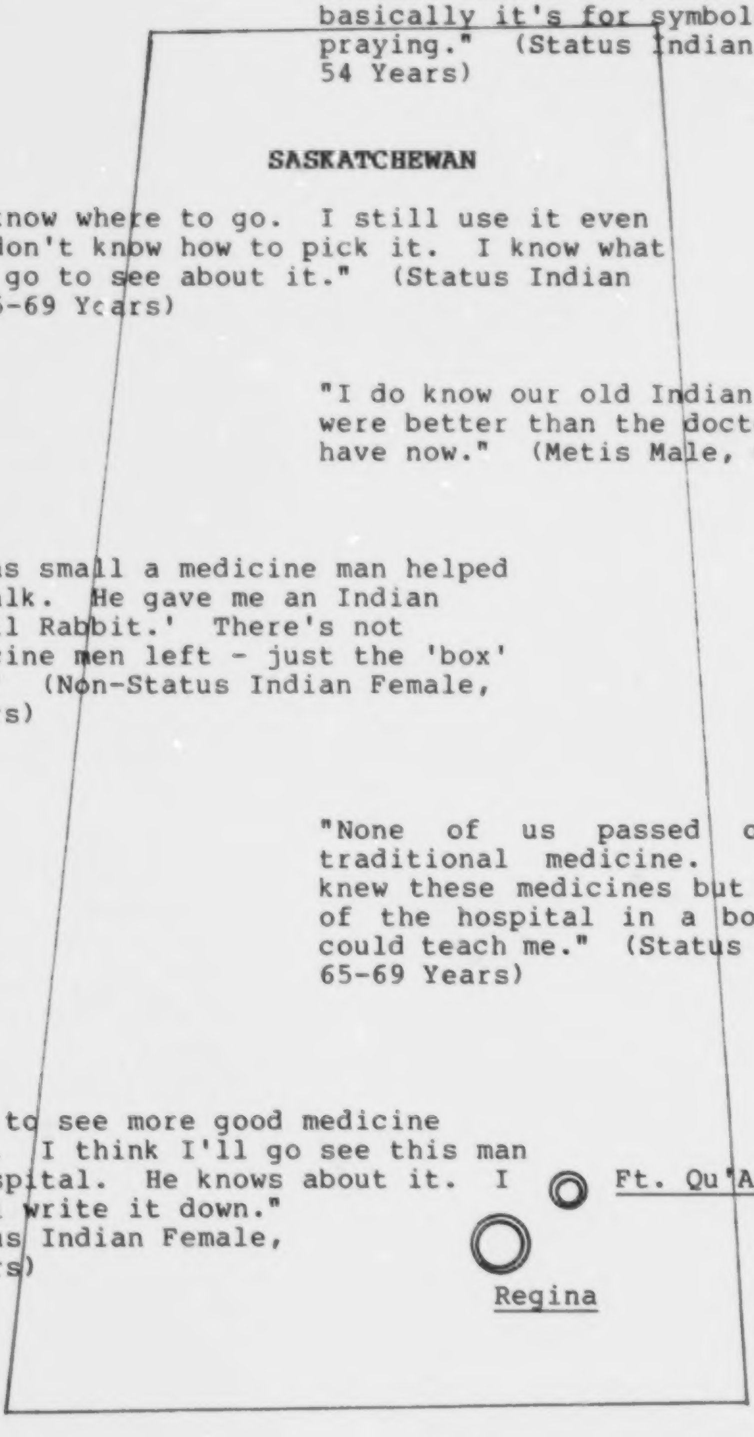
[39] Anthropologists have given recognition to the benefits of parallel systems of medicine (modern and traditional). McLellan (1985) reports that each system of medicine "has different areas of specialization and different categories of empirically derived knowledge." Traditional medicine may offer a more holistic approach and healing involves directing attention not only to the current illness of the individual but relies also upon the wider historical spiritual, social, and economic forces that have shaped that person's life.

"It's being used more for spiritual reasons than ever before. Now basically it's for symbols and praying." (Status Indian Male, 50-54 Years)



SASKATCHEWAN

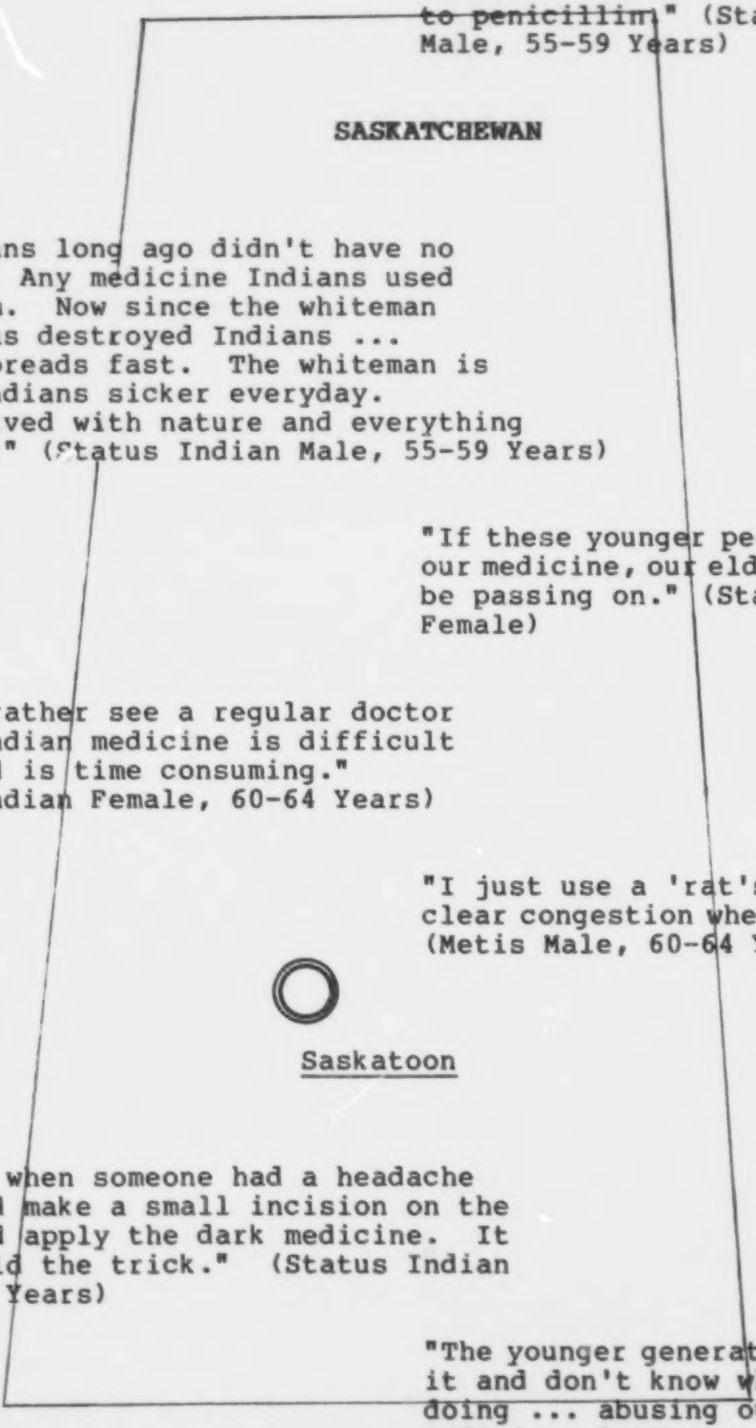
"I still know where to go. I still use it even though I don't know how to pick it. I know what people to go to see about it." (Status Indian Female, 65-69 Years)

"I do know our old Indian doctors were better than the doctors they have now." (Metis Male, 65-69 Years)

"When I was small a medicine man helped make me walk. He gave me an Indian name 'Small Rabbit.' There's not many medicine men left - just the 'box' medicine." (Non-Status Indian Female, 55-59 Years)

"None of us passed on ... the traditional medicine. My brother knew these medicines but he came out of the hospital in a box before he could teach me." (Status Indian Male, 65-69 Years)

"I'd like to see more good medicine come back. I think I'll go see this man in the hospital. He knows about it. I think I'll write it down." (Non-Status Indian Female, 55-59 Years)



"I use 3/4 Indian medicine and 1/4 white (x-rays and diabetes tests). Indians use recipes from Ontario that calls for 49 different herbs - works similar to penicillin." (Status Indian Male, 55-59 Years)

"The Indians long ago didn't have no sickness. Any medicine Indians used cured them. Now since the whiteman came it has destroyed Indians ... Disease spreads fast. The whiteman is getting Indians sicker everyday. Indians lived with nature and everything was fresh." (Status Indian Male, 55-59 Years)

"If these younger people learned our medicine, our elders wouldn't be passing on." (Status Indian Female)

"I would rather see a regular doctor because Indian medicine is difficult to get and is time consuming." (Status Indian Female, 60-64 Years)

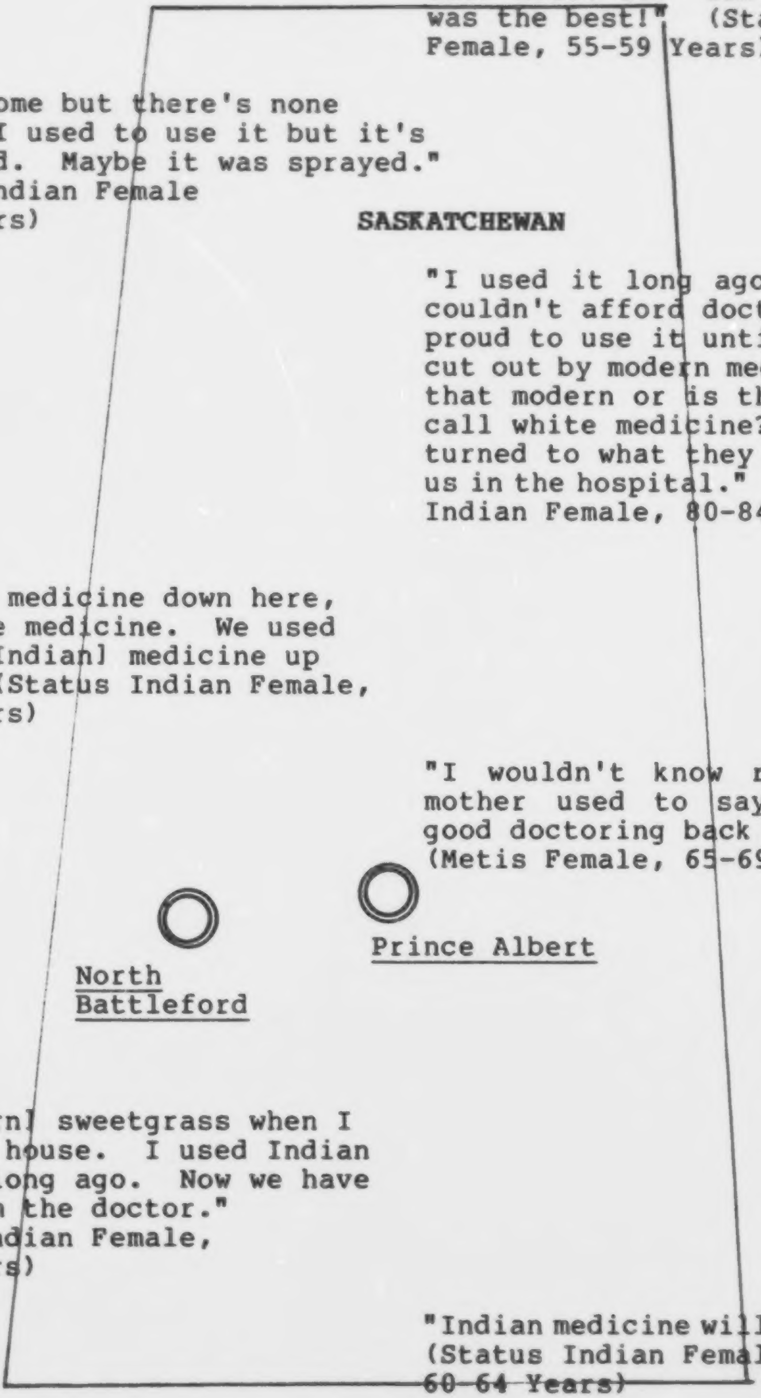
"I just use a 'rat's tail' to clear congestion when trapping." (Metis Male, 60-64 Years)

"Long ago when someone had a headache they would make a small incision on the temple and apply the dark medicine. It usually did the trick." (Status Indian Male, 90+ Years)

"The younger generation is using it and don't know what they're doing ... abusing our cultural medicines." (Status Indian Male, 80-84 Years)

"I know about it but I don't talk about it. Our medicine was the best!" (Status Indian Female, 55-59 Years)

"I want some but there's none around. I used to use it but it's all killed. Maybe it was sprayed." (Status Indian Female 80-84 Years)



"I used it long ago because we couldn't afford doctors. I was proud to use it until we were cut out by modern medicine. Is that modern or is that what we call white medicine? We all turned to what they were giving us in the hospital." (Non-Status Indian Female, 80-84 Years)

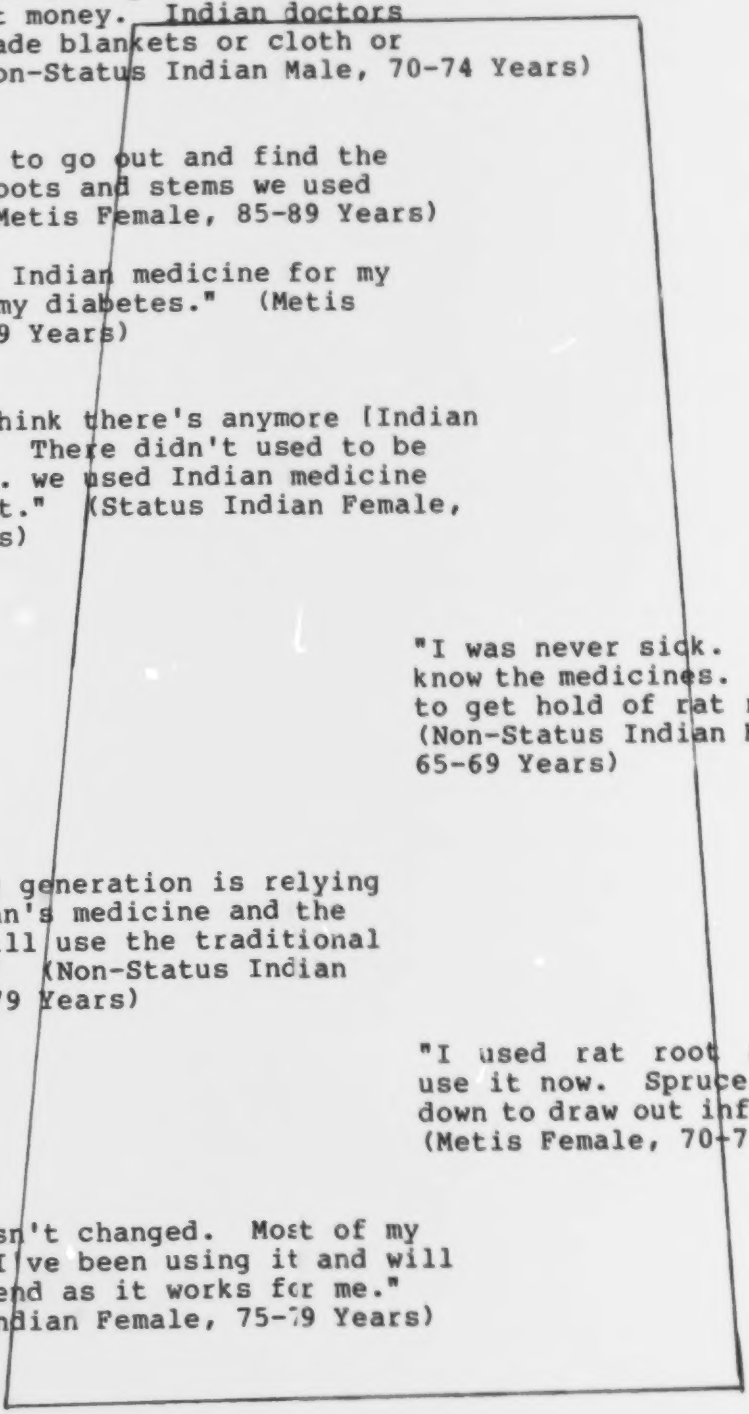
"I see no medicine down here, just white medicine. We used our own [Indian] medicine up north." (Status Indian Female, 70-74 Years)

"I wouldn't know really. My mother used to say there was good doctoring back then." (Metis Female, 65-69 Years)

"I do [burn] sweetgrass when I leave the house. I used Indian medicine long ago. Now we have pills from the doctor." (Status Indian Female, 60-64 Years)

"Indian medicine will not change." (Status Indian Female, 60-64 Years)

NORTHERN SASKATCHEWAN



"Doctors are so expensive and always want money. Indian doctors used to trade blankets or cloth or beads." (Non-Status Indian Male, 70-74 Years)

"It's hard to go out and find the types of roots and stems we used to use." (Metis Female, 85-89 Years)

"I'm using Indian medicine for my heart and my diabetes." (Metis Male, 75-79 Years)

"I don't think there's anymore [Indian medicine]. There didn't used to be doctors ... we used Indian medicine quite a bit." (Status Indian Female, 65-69 Years)

"I was never sick. Now I don't know the medicines. I would like to get hold of rat root." (Non-Status Indian Female, 65-69 Years)

"The young generation is relying on whiteman's medicine and the elders still use the traditional medicine." (Non-Status Indian Male, 75-79 Years)

"I used rat root and I still use it now. Spruce gum boiled down to draw out infections ..." (Metis Female, 70-74 Years)

"No it hasn't changed. Most of my lifetime I've been using it and will till the end as it works for me." (Status Indian Female, 75-79 Years)

7.6. LONELINESS AND DEPRESSION AMONG THE INDIAN AND METIS ELDERLY

> **"In my time it was tough. No relief. No pension. ... I was in the 'dirty thirties.' That's nothing, [because] we had real Indians who knew how to get along together. We fed each other. We were the best supporters of ourselves in the so called Depression. It wasn't because we were hungry - we weren't. Everybody wanted a job, that's all the thirties were. You want to see a Depression - lose two children. That's Depression."**

Despite positive social indicators enjoyed by many of the Indian and Metis elderly such as the presence of a confidant and family proximity, 56.8 per cent[40] (n=428) of the respondents 'often' have feelings of loneliness. In comparison, research in Saskatchewan has shown that 10 to 15.5 per cent of the general senior population is quite often lonely (Senior Citizens' Provincial Council, 1987, Table 2.12, p. 33).

Among the reasons given by the native elderly for their loneliness, the most predominant are missing children and grandchildren when they are away, and missing loved ones who have died (Table 7.10). There was a general sense that modern times have made it difficult for the native people to retain their cohesiveness as a group and a 60 year old woman laments "when I go downtown I say hello to people, Indian people that is, and they say hello and are gone like the wind. Long ago on reserves we were one big family."

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[40] North and south samples combined.

TABLE 7.10

REASONS FOR LONELINESS, SAMPLED INDIAN AND METIS ELDERLY*

Reason	% of All Respondents Who Gave a Reason for Their Loneliness** (n=146)
Miss children and grandchildren	37.7%
Miss deceased loved one (not including spouse)	26.0
Miss friends	22.6
Miss deceased spouse	12.3
Miss traditional Indian way of life	11.0
Unable to leave the home, miss going out	5.5
Other	4.1

* Multiple responses allowed.
** North and south samples combined.

Depression is quite common among the general elderly population (Ronsman, 1987, p. 18 and Wigdor, 1984, p. 7) and can be precipitated, among other reasons, by changes in social and economic status, loss of employment, loss of spouse and friends, as well as deteriorating mobility and health of self (Wigdor, 1984). It has been estimated that 10 to 15 per cent of all seniors suffer from clinically significant depression. Further, it is thought that the number of elderly persons who manifest at least some of the depressive symptoms, including sleep disturbance, loss of appetite, feeling blue, and a general reduction in activities and zest for life may be as high as 20 to 50 per cent (Ronsman, 1987, pp. 18, 19).

Fully 62.4 per cent of the sampled Indian and Metis elderly (n=444) report that they 'often' feel sad or depressed. Of those giving causes for their sadness (Table 7.11), loneliness and the death of someone close were the most frequent responses. Although a question was not specifically asked as to whether a respondent had a child(ren) who had died, a deceased child was mentioned by 15.4 per cent of the families in the south and 28.8 per cent in the north.[41] These statistics are very sad, especially when we are reminded of the fact that a large percentage of those surveyed are less than age 65. Yet, they are documented by Saskatchewan statistics on the Registered Indian population where "in 1985, seniors' deaths accounted for only 35% of all Indian deaths" (Gillis, 1987). In comparison, for 1985 in the general population of Saskatchewan, seniors' deaths accounted for 71 per cent of all deaths (Gillis, 1987).

In reflecting on the causes of sadness and depression presented in Table 7.11, it is interesting to note the relative unimportance given to material causes. Inadequate income, employment, and housing problems are rarely cited as a cause of their sadness. Instead, the Indian and Metis elderly continually emphasize the impact of social and physical health factors on their mental and emotional well-being. To bridge the gap of loneliness must be difficult for some older native people for they remember times when they have not always been welcomed into the dominant society:

> One [church] at Easter Sunday ... We were gonna go ... but they stopped us at the door ... said we needed suits ... so now we don't go.
>
> (Native woman in her late 50's.)

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[41] Further, just under 5 per cent of responding households have lost track of a child. This was particularly evidenced in the subpopulation having difficulty with English, where 14.5 per cent have lost track of a child.

TABLE 7.11

CAUSES OF SADNESS AND DEPRESSION, SAMPLED INDIAN AND METIS ELDERLY

Cause	% of Respondents* (n=142)
Loneliness	35.9%
Death of someone close	23.2
Disability or poor health of self	13.4
Alcohol/drug/law problems of loved one	12.7
Disability or poor health of loved one	7.0
Employment related	2.8
Income related	3.5
Personal alcohol problem	2.1
Misses reserve, rural life	2.1
Housing related	0.7
Other	5.6

* Respondents were allowed to list more than one cause for their sadness.

7.7. A HIDDEN CARE NEED: ALCOHOLISM IN THE LIVES OF THE INDIAN AND METIS ELDERLY

The statistics and life profiles presented thus far have portrayed a strong group of people who, despite poverty and illness, have survived to live their lives "in love and understanding." The strongest weapon against despair in lives so often touched by the everyday struggle for existence is one which is very much in evidence; that is, the love and devotion expressed by the families of the Indian and Metis elderly. However, in the homes of a small number of native elderly, as in homes all across Canada, a hidden battle is raging - that of alcoholism. Most often, the victims appear to be those who have lost support and close interaction with their families.

Some researchers have alluded to the fact that the mortality rates associated with alcohol-induced illnesses and accidents, among the native population, are so significant that many native people never survive to old age (McKim and Mishara, 1987, p. 98 and Rhoades et al, 1980, p. 38). Indeed there is some controversy as to the extent of alcohol abuse among aged natives. A survey of older residents of the Yukon, many of whom were aboriginal, identified alcohol as "the greatest single problem" and reported excessive usage in at least 16 per cent of the surveyed population (Government of the Yukon Territory, 1978, p. 21).

Other sources cite studies which show low incidence of alcoholism among elderly Indians and report peak incidences in the young adult population (Sorkin, 1978, p. 56). In Manitoba a survey by nurses of on-reserve non-institutionalized elderly Indians showed only 3.1 per cent to be suffering from alcoholism, (Indian and Northern Affairs Canada, 1986, p. 38). Similarly, a study by the Association of American Indian Physicians in the late 1970's determined that only 4.8 per cent of Indians receiving treatment for alcoholism were 60 years or older (National Indian Council on Aging, 1980, p. 17).

In the present sampling of off-reserve Indian and Metis elderly in Saskatchewan, 22 respondents report alcohol, drug, or toxic substance addictions for which they choose not to receive treatment. An additional 22 respondents have received treatment for an addiction. Overall, it is estimated that 8 to 9 per cent of the sample have themselves at some time experienced alcohol, drug, or toxic substance addiction.[42]

Regardless of the percentage, if an older native person or their loved one is the victim of an addiction the disruption in their lives can be immense and support needs even greater. Supporting an alcohol addiction on a low income can mean going without life's other necessities such as nutritious food and a proper living environment. It is beyond the scope of this report to thoroughly examine the problems that alcohol can cause in the lives of a small percentage of native elderly. It is our intention, however, to raise awareness that the native elderly, like other Canadians, are touched by the problems of alcohol and other toxic addictions and when combined with poverty the effect on lives can be devastating.

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[42] These statistics on low rates of alcoholism among elderly natives are comparable with those of the general population of seniors. Dr. Saunders of the Addiction Research Foundation in Toronto estimates 2 to 10 per cent of Canadians over the age of 60 suffer from a drinking problem (Saskatchewan Health, 1987b, p. 3).

7.8. CONCLUSION

This Chapter has covered a broad range of topics relating to the care needs and associated problems of the Indian and Metis elderly. It is apparent that the majority of those studied prefer the informal system of care, and the proximity and devotion of their children as well as opportunities for reciprical care-giving have been a great strength in their lives.

Even the most well-intentioned families, however, are unable, because of lack of expertise or economic resources, to provide for all of the specialized needs of the elderly. The greatest unmet needs which should be provided through formal or volunteer organizations include transportation services, home nursing services, friendly visitor services, translator services, and, in the north, food services. The continued sensitization of the provincial system of long-term care to include the special concerns of the native elderly is also a need which is very much in evidence.

CHAPTER VIII

TRANSPORTATION AND ACTIVITY PATTERNS OF THE INDIAN AND METIS ELDERLY

"BINGO! BINGO! BINGO! I ENJOY IT SO MUCH I GO SIX DAYS A WEEK. I GUESS I'M OBSESSED A LITTLE, BUT IT GETS ME OUT OF THE HOUSE..."

(Female Status Indian, Age 50-54)

CHAPTER VIII

TRANSPORTATION AND ACTIVITY PATTERNS OF THE INDIAN AND METIS ELDERLY

8.1. TRANSPORTATION, THE EXTENT OF THE PROBLEM

> **"My granddaughter broke her leg. I ran from house to house but nobody would let me in to use the phone. Finally I had to push my way into one house to phone the ambulance."**
>
> (Native female in her 70's who does not have a car or phone. She is the sole guardian of a young grandchild.)

By its very nature a problem with transportation is not an isolated event for transportation provides the key to accessing a great number of other services. A lack of transportation, for example, may mean that health or recreational services are not available to an individual. In short, the availability of adequate transportation may mean the difference between a healthy and independent lifestyle and one which is characterized by isolation and loneliness (McPherson, 1983, pp. 290-291).

As noted in the previous chapter, transportation ranks high among the unmet needs of the Indian and Metis elderly. Twenty-eight per cent of the respondents in the south and 23 per cent in the north report having a transportation need which is not being satisfied through either the formal or informal helping networks. Further analyses, in both samples, show that, of those respondents who are now having transportation difficulties, approximately one-third would require attendant transportation services. These people are either in very fragile health, suffer from significant functional disabilities, or have great difficulty with the English language.

8.1.1. USUAL MODE OF VEHICULAR TRANSPORTATION

> **"I usually go to sales on payday. But it is difficult with a small fridge and no car. I must carry just enough to manage. I usually make more than one trip or my woman or friends help me to carry them."**
>
> (Ill Respondent, Age 60-64)

As many as 45 per cent of the Indian and Metis elderly report problems in walking a distance of more than two blocks (refer back to Table 6.11). For these people it is imperative that good vehicular transportation be available. In an ideal situation the senior would have an 'in-house' driving situation; that is, the senior would either be able to drive themself or have someone, in the household, who is available to drive them to their desired destinations.

In Saskatchewan slightly more than 50 per cent of all seniors' usual mode of vehicular transportation is to drive themselves. In comparison, very few Indian and Metis elderly usually drive themselves; 25.1 per cent in the south and 10.0 per cent in the north (Table 8.1). The native elderly most often depend upon friends and relatives for their transportation, and as many as 7 to 10 per cent report that they never drive or get driven.

Examined in another way, Table 8.1 shows that more than 63 per cent of the general senior population in Saskatchewan 'usually' depend upon an 'in-house' driving situation to meet their transportation needs. In comparison, only 50 per cent of the south sample of Indian and Metis elderly and 38 per cent in the north are fortunate enough to usually be able to use an 'in-house' driver.

TABLE 8.1

RELATIVE IMPORTANCE OF DIFFERENT VEHICULAR MODES OF TRANSPORTATION AS 'THE USUAL' METHOD OF TRAVEL, SAMPLED INDIAN AND METIS ELDERLY VERSUS SASKATCHEWAN SENIOR POPULATION

	% of Respondents*		Saskatchewan Seniors	
	South	North	Urban**	Rural**
	(n=375)	(n=61)		
Drive self	25.1%	10.0%	54.4%	50.6%
Ride with live-in friend, relative	24.8	28.0	8.9	16.8
Ride with live-out friend, relative	30.1	41.0	17.1	32.6
Bus	11.7	0.0	9.3	n/a
Taxi	9.9	23.0	7.4	5.2
Other	1.1	3.0	1.4	0.4
Never drive or get driven	9.9	7.0	1.4	1.8

* More than one response was allowed.

** Senior Citizens' Provincial Council (1987), Table 2.7, p. 23.

Two factors are seen as important in explaining the lower use of 'in-house' drivers by the Indian and Metis elderly. First, only a small proportion of the native elderly are themselves able to drive and possess a valid driver's licence (30.5% in the south and 9.8% in the north). In comparison, 61.5 per cent of Saskatchewan urban seniors are drivers (Senior Citizens' Provincial Council, 1987). Second, the south data show that while the native elderly are just as likely to have a driver living in their household as are other urban seniors,[43] the native households are less likely to possess a vehicle which is in working order. In fact, 68 per cent of Saskatchewan urban seniors live in a household having a vehicle (Senior Citizens' Provincial Council, 1987) in contrast to only 44 per cent of the south sample of Indian and Metis elderly.

Table 8.2 further defines the driving ability of the respondents in the south by various sample characteristics. It would appear that an older female Status Indian who is living on her own presents a typical candidate for having unmet transportation needs.

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[43] Sixty-nine per cent of the urban Indian and Metis elderly live in households having a driver. This compares with 71 per cent of Saskatchewan urban seniors who have a driver in their home. It can be surmised that extended family situations of the native elderly, including teenage sons and daughters who have not yet left home, would account for the rather high ratio of households that have a driver.

TABLE 8.2

DRIVING ABILITY OF INDIAN AND METIS ELDERLY, SOUTH SAMPLE

	Drive and Possess a Valid Driver's Licence	Have Given Up Driving	Have Never Driven
Overall sample (n=377)	**30.5%**	**15.7%**	**53.8%**
Sex:			
Males (n=140)	43.6	22.1	34.3
Females (n=236)	22.9	11.9	65.2
Age:			
50-64 (n=226)	34.1	13.7	52.2
65-74 (n=105)	25.7	18.1	56.2
75+ (n=45)	22.2	20.0	57.8
Language:			
Speak English well (n=294)	36.4	15.0	48.6
Speak English with difficulty/not at all (n=80)	8.8	18.7	72.5
Income (Month):			
$0 - $500 (n=54)	13.0	29.6	57.4
$501 - $1000 (n=137)	20.4	18.3	61.3
Over $1000 (n=69)	49.3	10.1	40.6
Subpopulation:			
Status (n=201)	24.9	19.4	55.7
Non-Status (n=46)	26.1	13.0	60.9
Metis (n=129)	40.3	10.9	48.8

8.2. ACTIVITY PATTERNS OF THE INDIAN AND METIS ELDERLY

8.2.1. TIME AWAY FROM HOME EACH DAY

> **"In summer I take daily walks but in winter I only go out two times a month."**
>
> (Native Gentleman in His 70's)

Given the caregiving duties of the Indian and Metis elderly as well as their health, mobility, and transportation difficulties, it is not surprising that many live their daily lives almost exclusively within the home environment. Table 8.3 indicates that 38.1 per cent of the respondents in the south and 60.6 per cent in the north 'almost never leave home' or do so for 'less than an hour a day.'

TABLE 8.3

TIME AWAY FROM HOME EACH DAY,
SAMPLED INDIAN AND METIS ELDERLY

Time Away From Home Each Day	% of Respondents South (n=370)	% of Respondents North (n=61)
Almost never leave home	23.5%	50.8%
Less than an hour a day	14.6	9.8
One to four hours	39.2	29.5
Over four hours	19.2	4.9
Varies greatly	3.5	4.9

In noting the high percentage of Indian and Metis elderly whose lives consist of activities within the home, it is useful to again reflect upon the percentage of this population who are without telephones (33% in the south and 53% in the north). Research on the social interactions of the elderly indicates "that telephone contacts represent an independent and distinct dimension of social support" and are "associated with greater life satisfaction, self-esteem, and reduced mental health problems" (Revicki and Mitchell, 1986, p. 245). Previous surveys in Saskatchewan by the Senior Citizens' Provincial Council (1987 and 1982) have shown that as many as 58 per cent of urban seniors and 47 per cent of rural seniors talk on the phone daily. In fact, only 3.4 per cent of urban seniors and 8 per cent of rural seniors, in Saskatchewan, do not use a phone at least once in a week. Given these statistics one might wonder about the potential for isolation and loneliness among those elderly natives who are both housebound and without a phone.

8.2.2. MEMBERSHIP IN ORGANIZATIONS

> **"You go to a Pub [and] you don't know anyone. Yet in the Legion you can go over to someone and talk about anything because you were comrades. You don't sit alone."**
>
> (Male, Status Indian, Age 55-59)

Thirty-one per cent of the respondents in the south and 20 per cent in the north are active participants in at least one community organization. In the south the most frequently mentioned organizations are those sponsored by either an Indian or Metis/Non-Status Indian group. The pattern of membership in the various types of organizations (Table 8.4), and in particular the importance of Indian or Metis organizations, may be a useful item of information when considering service options for the Indian and Metis elderly.

TABLE 8.4

MEMBERSHIP IN ORGANIZATIONS, SAMPLED INDIAN AND METIS ELDERLY*

Type of Organization	% of Respondents	
	South (n=113)	North (n=56)
Indian or Metis organizations	18.4%	5.4%
Church/Christian organization	8.6	7.1
Senior activity centre	6.8	3.6
Veterans, Legion	3.2	1.8
Alcoholics Anonymous/ self help group	3.0	0.0
Educational institute	1.9	1.8
Service clubs	1.1	1.8
Fitness/sports organization	0.8	5.4
Health organization	0.5	1.8
Other	0.3	1.8

* More than one response allowed.

8.2.3. ATTENDANCE AT CULTURAL EVENTS/CEREMONIES

> **"The elders feel less lonely when they are gathered together, telling legends, tales, teaching culture, and language."**
>
> (Status Indian Woman, Age 70-74)

In the south, 54 per cent of Status Indians, 43 per cent of Non-Status Indians, and 30 per cent of Metis attend traditional ceremonies and cultural events. Approximately one in every four respondents commented that they would like to see more traditional Indian or Metis events in their community. Types of events requested show wide variation and include, for example, pow wows, Indian dances, bannock lunches, and day trips to sites of historical relevance for native people. A number of respondents also desire a place where the native elderly can meet to exchange life experiences and enjoy the company of each other.

In the north there does not appear to be as much concern over traditional events. Only 18 per cent of all respondents indicate that they do attend such events and only four respondents felt that more cultural activities should be available.

In interpreting the differences in the responses between the samples, several observations must be made. First, the majority of the respondents in the north speak Indian languages in their daily lives. Second, the native elderly in the north have worked at traditional occupations with as many as 76 per cent of the men having been trappers, hunters, and/or fishermen. It might even be debated that the wording of the question which read "Do you ever partake in any special Indian/ Metis ceremonies in your community?" would have had an entirely different interpretation in the north. In other words, in the north traditions are still very much a part of the daily lives of the native elderly and events which might be considered 'special' in the south would perhaps be more routine in the north.

8.2.4. ACTIVITIES ENJOYED

> **"I like to gamble at Bingo once a week - more sometimes. All my friends and relatives seem to go, so it's a place to see them and have short visits."**
>
> (A Status Indian widower in his late 50's.)

In the south, bingo is by far the most popular pastime of the sampled Indian and Metis elderly (Table 8.5). For those over the age of 75, viewing television surpasses bingo as the most popular activity listed. In fact, 92 per cent of all sampled households in the south and 90 per cent in the north, possess television sets. This may be a useful piece of information when determining how service information might best be distributed to the Indian and Metis elderly and their families. In the north, card playing is slightly more popular than bingo (Table 8.5) and a number of respondents still enjoy hunting and fishing activities.

In both the north and south, knitting, crocheting, and sewing are very popular activities and are enjoyed almost exclusively by women. In both samples the women appear more receptive than men to the acquisition of a new hobby and these three activities rank first among skills the women desire to learn. The activities of beading and leatherwork are the second most popular responses for those desiring a new skill. In commenting on the development of traditional crafts among a sample of urban native women, Baker (1982, p. 91) observes that crafts serve "as a reminder of old ways," as a source of "fun and pleasure," and have potential to earn money. In addition, traditional crafts serve "as a technique for preserving the arts for decorative

TABLE 8.5

MOST FREQUENTLY MENTIONED ENJOYABLE ACTIVITIES OF SAMPLED INDIAN AND METIS ELDERLY

Activity	% of South (n=400)
Bingo	29.3
Knit/crochet/sewing	18.5
Visiting	16.0
Babysitting	14.3
Pow Wows	13.8
Card playing	10.0
Television	10.0
Watching sports	9.8
Walking	9.0
Housework	6.5
Bead/leather work	6.3
Cooking/baking	5.3
Reading	5.3
Dancing	5.0

Activity	% of North (n=57)
Card playing	29.8%
Bingo	26.3
Knit/crochet/sewing	24.6
Hunting	19.3
Bead/leather work	12.3
Fishing	10.5
Television	7.0

purposes." The following notation, by an interviewer, captures both the nostalgic yet functional importance of moccasin making in the mind of a 60 year old Saskatchewan native woman:

> She wanted to know more about how to sew moccasins together and to bead. Her mom used to bead [and] her mom made moccasins but the respondent never tried. At that time only 'moms' wore moccasins and kids wore shoes. She thought moccasins would go out of style ... She regrets [not learning these skills]. She wishes she had something to keep her mind occupied. But for now [she'll bide her time by making] a home for her granddaughter.

8.3. CONCLUSION

In conclusion, a significant percentage of the sampled Indian and Metis elderly have lives which are centered around the home environment. For some, we suspect that transportation difficulties and poor health may keep them home more than they desire. Others, however, take great pleasure in crafts and activities which they can accomplish in the home. Most importantly there is a deep respect for the traditions, activities, and crafts of the native people and in the words of a Metis woman, the preservation of "... Indian art should be as important as language. It is a form of communication of the past and should be included in educational and recreational activities."

CHAPTER IX

CONTINUING THE DIALOGUE

WHITEMAN IS BEGINNING TO LEARN THAT ... WE [INDIANS] CAN BE PATIENT ... REGARDLESS OF THE COST ...

THE INDIAN HAS TO SEEK, TO FIND OUT HOW TO HELP THEMSELVES."

(Status Indian Gentleman, Age 55-59)

CHAPTER IX

CONTINUING THE DIALOGUE

It is particularly difficult to make a summary statement for a document which has dealt with such a wide array of subject matter. On the one hand, the Senior Citizens' Provincial Council has attempted to present a broad overview of the unmet needs of the Indian and Metis elderly. Toward this end, statistics have been included which may assist policy and decision makers to arrange these needs according to priority.

On the other hand the Council has tried to portray the needs of the Indian and Metis elderly on an individual basis, for we did not feel that statistics alone could tell the story. It was hoped that by including the profiles of people such as Molly, James, Oliver, and Annie that we could introduce the human element so often missed in a statistical presentation.

It appears that even in the organization of this report a strong message on the service needs of the Indian and Metis elderly is evident. That is, services must be planned which are comprehensive enough to meet the overall needs of a diverse population. Yet in the end, as in the instance of a lone native resident of a large institution, these services must meet the needs of the individual. And that is where the challenge lies!

Two points are outstanding. First, many of the lives of the Indian and Metis elderly have been shaped by circumstances beyond their control. The Senior Citizens' Provincial Council is concerned that to conclude this report with a set of recommendations, which are devised without further direction from the aboriginal people of Saskatchewan, might be an action construed as yet another one of those 'circumstances.' We therefore invite

Saskatchewan's aboriginal people and organizations representing those people to study this document and to work with us over the next month to develop the conclusions and recommendations. The Council welcomes briefs from interested individuals and organizations and representatives of the Council are available should an organization request a meeting. The conclusions and recommendations will be published as a supplement to this report.

Second, the unmet needs described in this document cross many jurisdictions and geographical boundaries. Certainly the problems are not Saskatchewan's alone and the resolution of the problems of the Indian and Metis elderly will require great conviction on the part of many people. Thus the dispersal of this information to as wide an audience as possible is seen as very important. Upon completion of the conclusions and recommendations, the Senior Citizens' Provincial Council will be calling upon the provincial government and the major provincial native organizations to take the information contained in the report and to present it to their national colleagues as well as those in other provinces.

In closing, let us look toward the future. Improving the quality of life for the Indian and Metis elderly will affect not only those whose chronological age designates them as 'senior' but also those in generations that follow.

> Although the language is being forgotten by the younger generations ... when they attend ceremonies ... the feelings are very powerful. THEY WILL SURVIVE!
>
> (Male Status Indian, Age 65-69)

CONCLUSIONS AND RECOMMENDATIONS

TO BE WRITTEN AFTER CONSULTATION WITH
ABORIGINAL PEOPLE AND ORGANIZATIONS IN SASKATCHEWAN

APPENDIX I

SUMMARY LIST OF PARTICIPANTS IN CONSULTATION PROCESS

SUMMARY LIST OF PARTICIPANTS: PRELIMINARY CONSULTATION PROCESS ON INDIAN AND METIS ELDERLY PROPOSAL

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APPENDIX II

GENERAL QUESTIONNAIRE

UNMET NEEDS STUDY OF INDIAN AND METIS ELDERLY

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Phone 525-0356

SENIOR CITIZENS' PROVINCIAL COUNCIL

GENERAL QUESTIONNAIRE

UNMET NEEDS STUDY OF INDIAN AND METIS ELDERLY

Interviewer's Name____________________

I.D. No. of Household____________________

Date of Interview ____________________

[illegible]

I.D. NO. OF HOUSEHOLD__________

INTERVIEWER'S NAME____________

TIME INTERVIEW STARTS:____________

I. PERSONAL PROFILE

1. Are you a: (please circle)

- * (a) Non-Status Indian
- * (b) Metis
- * (c) Status Indian

2. How old are you? (please circle)

(a) 50-54 years	(f) 75-79 years
(b) 55-59 years	(g) 80-84 years
(c) 60-64 years	(h) 85-89 years
(d) 65-69 years	(i) 90+ years
(e) 70-74 years	

3. Sex: (circle)

(a) Male (b) Female

4. Are you: (circle most appropriate category)

- * (a) single
- * (b) married
- * (c) widowed less than one year
- * (d) widowed one to five years
- * (e) widowed over five years
- * (f) divorced/separated

5A. Do you: (Please circle)

- * (a) understand and speak English quite well?
- * (b) understand and speak English with some difficulty?
- * (c) understand and speak English with great difficulty?
- * (d) not understand English at all?

IF (d) CIRCLED - move to question 6

5B. Do you: (please circle)

- * (a) read English well?
- * (b) read English with some difficulty?
- * (c) read English with great difficulty?
- * (d) not read English at all?

5C. Do you: (please circle)

- * (a) write English well?
- * (b) write English with some difficulty?
- * (c) write English with great difficulty?
- * (d) not write English at all?

---

6. What language(s) do you feel most comfortable speaking? (circle)

- (a) English
- (b) Cree
- (c) Sioux
- (d) Saulteau
- (e) Assiniboine
- (f) Chipiwan
- (g) French
- (h) English and Cree equally
- (i) English and Saulteau equally
- (j) Other (specify)____________________

7. Where do each of your children live and how often do you see them?**

Child #	In Same House (check if yes)	Same City	Other (specify)	Visitation Frequency**
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				

**CODE

(a) live with child	(e) once a month at least
(b) daily	(f) at least once a year
(c) few times a week	(g) almost never
(d) once a week at least	

8. Interviewer please total number of children:

(a) 1	(f) 6	(k) 11	(p) 16
(b) 2	(g) 7	(l) 12	(q) 17+ (specify)______
(c) 3	(h) 8	(m) 13	
(d) 4	(i) 9	(n) 14	
(e) 5	(j) 10	(o) 15	

9. How many grandchildren do you have? (circle)

(a) none (b) one to five (c) six to ten (d) over ten

10A. Do you have other relatives or friends who you are particularly close to? (circle)

(a) Yes (specify below) (b) No

(Name Relationship and Frequency of Visitation and also try to find out how close by this person(s) lives or if they even live in town)

____

____

____

____

____

____

____

10B. How many of your children or other relatives or friends that you feel close to have you seen in the last two weeks? (State person's relationship and where visit took place.)

____

____

____

____

____

11. Do you feel there is always someone close by who you can contact, in case of emergencies? (circle)

(a) Yes (b) No

(Please Elaborate)______________________________

____

____

____

____

II. INDEPENDENCE AND HEALTH PROFILE

13. Compared with other people your age would you say your health is: (circle)

- * (a) excellent
- * (b) good
- * (c) fair
- * (d) poor

13A. Have you ever been hospitalized in the last five years? (circle)

(a) Yes
(b) No

If yes, specify when, how long, reason(s)

13B. Are you being treated for any major health problems now? (Circle)

> Interviewer please allow open-end response and circle most appropriate answer. Write in specifics if volunteered.

(a) no major health problems
(b) circulatory system
(c) heart disease
(d) nervous system
(e) cancer
(f) respiratory system
(g) digestive system
(h) urinary system
(i) nutritional, diet problems
(j) diabetes
(k) alcohol addiction
(l) drug addiction
(m) arthritis
(n) emotional
(o) seeing
(p) hearing
(q) speaking
(r) foot problems
(s) other (specify)

(t) refused to respond to question

13C. Are you having any problems with medications that you are taking? (circle)

(a) Yes
(b) No

If yes, note further comments:

14. Approximately how often have you been to the doctor or public health nurse in: (circle)

the last month?	the last year?
(a) none	(j) none
(b) once	(k) once
(c) twice	(l) twice
(d) three times	(m) three times
(e) four times	(n) four times
(f) five times	(o) five times
(g) six times	(p) six times
(h) seven times	(q) seven times
(i) eight or more times	(r) eight or more times

15A. Are there any other health problems that you suspect or know you have that you are not being treated for? (circle)

> Interviewer please allow open-end response and circle most appropriate answer. Write in specifics if volunteered.

(a) no, not aware of any other health problems
(b) circulatory system
(c) heart disease
(d) nervous system
(e) cancer
(f) respiratory system
(g) digestive system
(h) urinary system
(i) nutritional, diet problems
(j) diabetes
(k) alcohol addiction
(l) drug addiction
(m) arthritis
(n) emotional
(o) seeing
(p) hearing
(q) speaking
(r) foot problems
(s) other (specify)

(t) refused to respond to question

15B. Would you be able to tell me why you are not being treated for this ____________ problem(s)?

16. Do you now smoke or chew tobacco? (circle)

(a) Yes, smoke
(b) Yes, chew tobacco
(c) No, have never smoked or chewed tobacco
(d) No, have given up smoking and/or chewing tobacco

17. Do you have trouble with any of the following and need assistance? (circle if trouble and write in specifics if offered)

- * (a) walking
- * (b) preparing a meal
- * (c) getting out of the house
- * (d) climbing stairs
- * (e) bathing/grooming
- * (f) small household chores
- * (g) getting dressed
- * (h) getting in/out of car
- * (i) doing laundry
- * (j) shopping
- * (k) banking/paying bills
- * (l) using household appliances
- * (m) large household maintenance
- * (n) walking more than 2 blocks
- * (o) other (specify)
- * (p) no trouble with any of the above

18A. For those tasks which you have indicated you need some assistance with, do you usually get this assistance?

> INTERVIEWER PLEASE ALLOW OPEN-END RESPONSE AND CIRCLE MOST APPROPRIATE ANSWER.

(a) yes, I always get the help I need
(b) yes, I usually get help
(c) I only get help once in a while
(d) no one ever helps me

18B. If they receive assistance with these tasks, ask "who usually helps you?"

> INTERVIEWER PLEASE ALLOW OPEN-END RESPONSE AND CIRCLE MOST APPROPRIATE ANSWER.

(a) spouse
(b) son or daughter who lives in same house
(c) son or daughter who lives in different home
(d) grandchild who lives in same home
(e) grandchild who lives in different home
(f) other live-in relative
(g) other live-out relative
(h) neighbour
(i) non-related person living in same house
(j) paid professional
(k) other (please specify)

19. Do you often have times when you feel quite sad or depressed? (circle)

(a) yes
(b) no

If Yes, ask if there is any way that this problem might be overcome.

20. Do you often feel lonely? (circle)

(a) yes
(b) no

If yes, write down specifics if offered.

21. Do you have any problems getting all the medical care or treatment you feel that you need? (circle)

(a) Yes (b) No

22. If Yes to question 21, what are those problems? (circle appropriate response)

> OPEN-ENDED - DO NOT READ

(a) no doctor available in vicinity
(b) can't afford medical care
(c) have difficulty getting transportation
(d) don't know where to go
(e) can't get there because of physical condition
(f) can't get a doctor to treat me or my problems
(g) can't get a doctor to come to my house
(h) don't understand medical instructions/trouble dealing with doctor
(i) they don't understand me
(j) medicine doesn't work
(k) other (specify)

23. Do you have any major problems with your teeth? (circle)

(a) Yes (specify)
(b) No teeth
(c) No problems

24. When was the last time you went to a dentist? (circle)

(a) never been
(b) within the last year
(c) more than one year but less than three years ago
(d) three or more years ago
(e) don't remember/don't know

25. Do you have any problems getting the dental treatment you feel that you need? (circle)

(a) Yes (b) No

26. If Yes to question 25, what are those problems? (circle appropriate response)

OPEN-ENDED - DO NOT READ

(a) no dentist available in vicinity
(b) don't know where a dentist is located
(c) can't afford dental treatment
(d) can't afford dentures
(e) have difficulty getting transportation to dentist
(f) can't get there because of physical condition
(g) frightened
(h) other (specify)____________________

27. Do you need any medical or health aid that you currently don't have? (circle)

(a) Yes (b) No

28. If yes to question 27, please specify types of aid(s): (circle)

(a) walker
(b) cane
(c) crutches
(d) wheelchair
(e) breathing apparatus (oxygen tanks, mask, etc.)
(f) glasses
(g) hearing aid
(h) dentures
(i) special shoes
(j) brace
(k) other (specify)____________________

29. If you became ill and needed care for an extended period of time, who would you like to care for you? (specify relationship)

____
____

30. Are you aware of any homemaker or special services for the elderly in your city? (circle)

(a) Yes (b) No

31. If Yes to question 30, are there any that you use?

(a) No
(b) Yes (specify)____________________
____

32. What other kinds of services would you like to have available to you?

	Service	Respondent's Comments
1.		
2.		
3.		
4.		
5.		

33. Are you aware that there are special nursing care homes for the elderly in your community? (circle)

(a) Yes
(b) No

34. What do you think about nursing homes? Are they a good idea or are there some ways they could be improved?

____
____
____
____
____
____
____
____

III. HOUSEHOLD PROFILE

35. Who do you live with? (Circle more than one if living situation changes quite regularly and note particulars.)

(a) live alone
(b) live alone with my spouse
(c) live with my children
(d) live with my spouse and my children
(e) live with other relatives (please specify relationship)

____
____

(f) live with other non-related people

____
____

36. How many people usually live in your house? (circle)

(a) one
(b) two
(c) three
(d) four
(e) five
(f) six
(g) seven
(h) eight
(i) nine
(j) ten
(k) 11
(l) 12
(m) over 12 (specify)____________________

37. How many people living in your home are 50 years of age or older? (circle)

(a) one
(b) two
(c) three
(d) four
(e) five or more (specify)____________________

38. How many people living in your home are under 17 years of age? (circle)

(a) none
(b) one
(c) two
(d) three
(e) four
(f) five
(g) six or more (specify)____________________

39. Approximately how much do you (and your spouse if applicable) spend each month on food? (circle)

(a) nothing
(b) less than $100
(c) $100 to $200
(d) $201 to $300
(e) $301 to $400
(f) $401 to $500
(g) $501 or over

40. Is that for food to feed: (circle)

* (a) just yourself
* (b) yourself and spouse
* (c) yourself and others (specify)____________________

____
____
____

41. Do you ever have trouble finding enough money to pay for your every day necessities? (circle)

(a) no problems
(b) food
(c) fuel, power
(d) small fix-it jobs
(e) clothes
(f) transportation
(g) rent/mortgage
(h) personal care services
(i) other (please specify)____________________

____
____
____
____

IV. MOBILITY PROFILE

42. How long have you lived in this city or town? (circle)

(a) one month or less
(b) two to six months
(c) seven months to one year
(d) one to two years
(e) three to five years
(f) six to ten years
(g) ten to 20 years
(h) Over 20 years

43. How long have you lived in this particular home? (circle)

(a) one month or less
(b) two to six months
(c) seven months to one year
(d) one to two years
(e) three to five years
(f) six to ten years
(g) ten to 20 years
(h) Over 20 years

44. Could you tell me about the moves you have made over the last year such as where you moved to and why you have moved?

(a) How many moves have you made within this same city/town ______. Reasons for move(s): ______

(b) How many moves have you made outside of the city/town____. Locations and reasons for move(s): ______

45. Would you like to move from your present residence? (circle)

(a) Yes (b) No
If Yes why? ______

46. Are you generally satisfied with life in the city/town? (circle)

(a) Yes (b) No

If no, please note comments: ______

47. Have you ever lived on a reserve? (circle)

(a) yes
(b) no

If yes,

i. Which reserve(s) ______

ii. How long ago did you move away from the reserve?

iii. Why did you move away from the reserve?

iv. Do you ever go back and live on the reserve for short periods during the year?

v. Is this a permanent move or would you ever like to move back?

V. TENURE PROFILE

48. Which of the following best describes your present living arrangement? (circle)

- (a) live in a home RENTED by yourself and/or your spouse
- (b) live in a home RENTED by yourself and other(s) (please specify) ______
- (c) live in home OWNED by yourself and/or your spouse
- (d) live in home OWNED by yourself and other(s) (please specify) ______
- (e) live in home OWNED by relatives
- (f) rent a room
- (g) live in a special care home (nursing home)
- (h) rent from the Local Housing Authority (public housing)
- (i) rent from another non-profit housing corporation? (please specify) ______
- (j) other ______

49. If you rent this home, how did you find it and how long did your search take? **(Interviewer, please note: if someone other than the respondent searched for the home, indicate who this person was and the relationship to respndent)**

50. Approximately how much is the monthly rent or mortgage payment for your dwelling unit? (circle)

(a) no payments (please explain) ______
(b) less than $100
(c) $101 to $150
(d) $151 to $200
(e) $201 to $250
(f) $251 to $300
(g) $301 to $350
(h) $351 to $400
(i) $401 to $450
(j) $451 to $500
(k) $501 to $600
(l) over $600 (specify, if offered) ______

51. Approximately how much of this monthly rent or mortgage payment do you, or you and your spouse, personally pay? (circle)

(a) no payments (please explain) ______
(b) less than $50
(c) $51 to $100
(d) $101 to $150
(e) $151 to $200
(f) $201 to $250
(g) $251 to $300
(h) $301 to $350
(i) $351 to $400
(j) $401 to $450
(k) $451 to $500
(j) other (specify, if offered) ______

52. How much do you contribute to utilities each month (heat, electricity, water)? (circle)

(a) nothing (explain) ______
(b) less than $25
(c) $25-50
(d) $51-$75
(e) $76-$100
(f) $101-$125
(g) $126-$150
(h) $151 or more
(g) don't know

53A. Have you ever applied for housing through the local Housing Authority? (circle)

(a) Yes, currently on waiting list
(b) Yes, but have been refused
(c) Yes, accepted but chose not to take unit
(d) Yes, have lived in housing authority unit(s) previously but have now left. (Reason)________________

(e) No (Why not?)________________

53B. Have you ever applied for housing in this city or town through a non-profit housing corporation? (circle)

(a) Yes, currently on waiting list
(b) Yes, but have been refused
(c) Yes, accepted but chose not to take unit
(d) Yes, have lived in subsidized housing unit(s) previously but have now left. (Reason)________________

(e) No (Why not?)________________

54A. If you were given a choice in subsidized housing, which of the following would you prefer to live in: (circle their first choice)

* (a) rooming house?
* (b) hostel?
* (c) highrise development?
* (d) lowrise walk-up apartment development?
* (e) town house?
* (f) small nursing home?
* (g) large institutional nursing home?
* (h) other (specify)________________

54B. If you were given the choice, would you like your neighbours to be: (circle)

* (a) other elderly of Indian ancestry
* (b) other elderly of any cultural background
* (c) family members (specify relationship)________________
* (d) doesn't matter
* (e) other (specify)________________

VI. HOUSING PROFILE

55. Do you know approximately how old your dwelling unit is? (circle)

(a) don't know approximate age
(b) less than ten years old
(c) 10 - 20 years old
(d) 21 - 30 years old
(e) 31 - 50 years old
(f) over 50 years old

56. Does your dwelling unit have the following): (circle and indicate with an "F" if it needs fixing)

* (a) indoor running water
* (b) flush toilet
* (c) bath/shower
* (d) indoor private bathroom
* (e) indoor bathroom shared with other households
* (f) electricity
* (g) complete kitchen (stove,fridge,sink)
* (h) television
* (i) radio
* (j) phone
* (k) central heating (specify)
  i. Gas
  ii. Oil
  iii. Propane
  iv. Electrical
  v. Wood stove
  vi. hot water
* (l) sewer system

57. If you don't have a phone, is there a phone nearby which you can easily access? (circle)

(a) Yes
(b) No
(c) Don't know

58. How many of each of the following rooms does your dwelling unit have? (circle)

	#		#
* (a) bedroom(s)	______	* (e) bathroom(s)	______
* (b) living room(s)	______	* (f) family/rumpus room(s)	______
* (c) kitchen(s)	______	* (g) heated porch(s)	______
* (d) dining room(s)	______	* (h) basement(s)	______
		* (i) other	______

59. Total rooms in dwelling:

(a) one
(b) two
(c) three
(d) four
(e) five
(f) six
(g) seven
(h) eight
(i) nine
(j) more than nine (specify #)________________

60. If you do not have indoor running water, how do you get water? Please mention who hauls the water and the storage system used.

____

---

61. Do you ever find your dwelling: (circle)

* (a) cold
* (b) dark
* (c) damp
* (d) drafty
* (e) hot
* (f) Other areas of discomfort (please specify)________________

62. Do you own your own furniture? (circle)

(a) Yes (b) No (c) some

63. Do you own your own cooking utensils? (circle)

(a) Yes (b) No (c) some

64. What repairs, if any, does your dwelling unit need? (circle)

> Interviewer - please read out and use your discretion if they miss something obviously in need of repair.

* (a) walls, doors, floors, ceilings
* (b) basement
* (c) furnace or water heater
* (d) electrical wiring
* (e) major appliance (stove, fridge, washer, etc.)
* (f) inside painting, wallpaper
* (g) plumbing
* (h) roof, chimney
* (i) porch, railings, patios, sidewalks
* (j) rotted or missing shingles
* (k) fence
* (l) doors, screens, windows
* (m) outside painting, stucco repair
* (n) wood stove
* (o) other (specify)________________

* (p) no repairs needed

Further comments:________________

VII. TRANSPORTATION PROFILE

65. Does your household have a vehicle in working condition? (circle)

(a) Yes (b) No

66. Do you drive and have a valid driver's licence? (circle)

(a) yes drive and have valid licence
(b) used to drive but not now
(c) don't drive

67. Does someone else in your household drive? (circle)

(a) Yes (b) No

68. Who drives when you go out? (circle)

(a) usually drive yourself
(b) usually get driven by someone else who lives in your home
(c) usually get driven by someone who you do not live with
(d) never drive or never get driven
(e) other (specify)________________

69. Do you, or the person who usually drives you, have any problems driving around your city or town? (circle)

(a) no problems
(b) find streets confusing/don't know way
(c) too much traffic
(d) parking problems
(e) gas too expensive
(f) slippery in winter
(g) roads in poor shape
(h) don't understand road signs
(i) don't understand traffic rules
(j) other (please specify)________________

70. How do you get to each of the following destinations?:

Destination	**Transportation (circle code**)**							
* (a) shopping/business	1	2	3	4	5	6	7	8____
* (b) visit relatives	1	2	3	4	5	6	7	8____
* (c) visit friends	1	2	3	4	5	6	7	8____
* (d) church	1	2	3	4	5	6	7	8____
* (e) recreation	1	2	3	4	5	6	7	8____
* (f) doctor	1	2	3	4	5	6	7	8____

**CODE
1 = drive yourself
2 = walk
3 = bus
4 = driven by someone you live with
5 = ride with a friend/relative who doesn't live with you
6 = taxi
7 = don't go to this destination
8 = other (specify)

71. On average how much time do you spend away from your home each day? (circle)

(a) almost never leave home
(b) less than one hour
(c) one to four hours
(d) four to eight hours
(e) over eight hours
(f) other (please specify)____

72. How often do you use the city bus? (circle)

(a) daily
(b) few times a week
(c) at least once a week
(d) at least once every two weeks
(e) at least once a month
(f) at least once every six months
(g) at least once a year
(h) almost never
(i) never use the bus

73. When you use the city bus, do you have any problems? (Leave open-ended and circle all that apply.)

(a) use bus and have no problems
(b) drivers not helpful
(c) buses not clean/comfortable
(d) schedule not convenient
(e) fares too high
(f) bus stop not sheltered
(g) hard time getting to bus stop
(h) hard time getting on/off bus
(i) don't know where different buses go
(j) no bus service available
(k) other (please specify)____

74. Some cities have discount bus fares for seniors. Do you take advantage of the discount fare for seniors that is available in your community? (circle)

(a) yes
(b) no
(c) not aware of discount
(d) no discount available
(e) other (please specify)____

VIII. ACTIVITY PROFILE

75. What kinds of activities do you especially enjoy doing and are you able to do these things?

76. Do you often have to take care of someone? (circle)

(a) Yes (b) No

77. If Yes to question 76, who? (circle)

(a) spouse
(b) other family member
(c) friend
(d) grandchild/grandchildren
(e) children
(f) other (specify)____

78. Do you ever partake in any special Indian/Metis ceremonies in your community? (circle)

(a) Yes (b) No

(Explain)

79. Do you belong to and participate in the activities of any community organization(s)? (circle)

(a) Yes (b) No

(Explain)

80. What types of activities or ceremonies that you're not active in now would you like to see in your community?

81. Do you ever attend a senior activity centre? (circle)

(a) every week
(b) at least once a month
(c) every couple of months
(d) seldom
(e) never

82. What do you like or dislike about senior activity centres?

83. Do you have any special skills, talents, or training?

(a) Yes (b) No

(If yes, please describe)

84. Are there any hobbies which you would be interested in learning more about?

(a) Yes (b) No

(If yes, please describe)

85. What kind of work have you done most of your life? (specify job)

86. What formal education, if any, have you had? (circle)

(a) no formal schooling
(b) less than grade 5
(c) grades 5-8
(d) grades 9-10
(e) grades 11-12
(f) some college
(g) college degree
(h) some university
(i) university degree
(j) other skill training (please specify)____________

IX. TRADITIONS

87. How is the traditional Indian way of life which you knew as a child changing and what do you think of these changes?

88. Has the use of traditional Indian medicine changed?

X. INCOME PROFILE

89. What are the sources of your monthly income? (include spouse)

Amount (circle)
$______ (a) your employment (__Full-time/__Part-time)
$______ (b) spouse's employment (__Full-Time/___Part-time)
$______ (c) Old Age Security
$______ (d) Guaranteed Income Supplement
$______ (e) Spouse's Allowance
$______ (f) Canada Pension
$______ (g) Social Assistance
$______ (h) War Veteran's Pension
$______ (i) Disability Pension
$______ (j) savings
$______ (k) Saskatchewan Income Plan
$______ (l) Family Allowance
$______ (m) money from offering room/board to others
$______ (n) other (please specify)____________________

TIME ORAL INTERVIEW ENDS________________

RECORDING FACT SHEET - INDIAN AND METIS URBAN QUESTIONNAIRES

(To be completed by Interviewer immediately after interview is finished.)

1. Interviewer's Name: ____________________

2. I.D. No. of Household: ____________________

3. Date of Interview: ____________________

4. Source of Respondent's name (agency, organization, etc.) DO NOT USE YOUR SUPERVISOR'S NAME
____

5. Location of respondent's residence (city, town, street address):
____
____

6. Number of calls or attempts to obtain interview (circle):

(a) One (b) Two (c) Three (d) Four

7. Length of interview: (circle)

(a) Less than one hour
(b) One to two hours
(c) Two to three hours
(d) Three to four hours
(e) Other (specify)____________________
____

8. Person(s) interviewed: (circle)

(a) Respondent alone.
(b) Respondent in presence of another person.
(c) Respondent with some assistance from another person.
(d) Respondent with much assistance from another person.
(e) Answered on behalf of respondent completely by another person.

9. Interpreter used: (a) Yes (b) No

10. Interview:

(a) completed
(b) partially completed
(c) refused

If partially completed or refused, why?____________________
____

11. Is there a Caregiver Interview attached? (circle)

(a) Yes (b) No

12. Is there a Spouse Supplement Interview attached? (circle)

(a) Yes (b) No

13. Is there a Roommate Supplement Interview attached? (circle)

(a) Yes (b) No

14. Interviewer: Please write your own impression of the house including approximate year of construction of the residence and physical description and need for repairs.

(a) year of construction____________________
(b) type of repairs needed - major
- minor
- none
(c) brief description:
____
____
____

15. Furniture (circle)

(a) Sparse
(b) Poor Condition
(c) Adequate
(d) Good Condition

16. Type of dwelling unit? (circle)

(a) single family bungalow
(b) single family home, 1½ or 2 stories
(c) duplex or townhouse (attached side-by-side)
(d) apartment in house structure
(e) apartment building, less than four floors
(f) apartment building, four or more floors
(g) boarding house
(h) mobile home
(i) small, private nursing home
(j) large institutional nursing home
(k) other (please specify)____________________
____

17. Does the respondent live in a basement unit or have his or her bedroom in the basement of the dwelling unit?

(a) Yes (b) No

18. What language(s) was the interview conducted in?
____

19. Are there any further observations you can make about the person such as their physical appearance and condition.
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